THE AMERICAN PRACTITIONER.

APRIL, 1882.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

CLINICAL RECORD OF SEVEN CASES OF DISLOCATION OF THE ELBOW-JOINT.

BY FAYETTE DUNLAP, M.D.

The statistics of dislocations of the elbow-joint plainly demonstrate that it is an accident of childhood and young adult life, though infancy and old age are by no means exempt.

A brief clinical report can not be burdened with all the inferences that might be derived from a study of these statistics, yet a few general observations on the influence of sex and age in the production of this class of injuries will be admissible.

Of seventy-three cases treated at the Middlesex Hospital, sixty-one occurred in males, twelve in females, this being explained by the difference of habits and occupations of the sexes.

The active disposition and character of sports of boys from five to fifteen years causes them to have forty-three dislocations while the girls of corresponding age only have five in a total of seventy-three cases. A majority of all cases of dislocation of the upper extremity between these ages happen to this joint. Of seventy-two cases seen by Hamilton, twenty-nine were in children under fourteen years of age.

From experiments on the dead body and clinical experience, Malgaigne concludes that luxation is most frequently caused by a twist given the ulna which brings the coronoid process "successively inward, downward, and backward," and the displacement produced while in this position by a fall or blow upon either the internal border of the forearm or the inner side of the olecranon. Most authors agree, however, that falling with the weight of the body upon the palm of the hand is its most frequent cause. Anatomically considered, the displacement can be produced as stated by Malgaigne, but it is so seldom that the bones are to be found in this position and the requisite force or twist given, except when the forearm is given a sudden turn or wrenched by machinery, that it is hardly to be considered as one of the means of causing dislocation.

Compared with falling upon the palm of the hand this seldom occurs.

Blows on the back of the humerus and front of the forearm and extreme flexion have dislocated the joint.

The number of unsatisfactory results in attempts at reduction testifies to the importance of a thorough understanding of its anatomical complexity, and that each case is likely to present difficulties peculiarly its own. The clinical record I have appended of seven successive cases illustrates this feature, the ages ranging from eleven months to forty years, sexes about equally divided, some muscular and athletic and others feeble and cachectic. Each one having points of special interest, either in the nature of the dislocation, complications, treatment, and results, renders it impossible to generalize or to group them. I have therefore concluded to notice them in the form of clinical reports.

Case I occurred in a frail mulatto girl, about seven years of age. The head of the radius was dislocated forward, and rested prominently upon the external condyle of the humerus. The olecranon process was snapped off, but not displaced. The head of the radius could be easily returned to its proper position, but when the pressure was removed it at once returned to its false

joint. A compress of closely-rolled bandage covered with oiled silk was bound over the prominence, which held it in place. The forearm was at first kept at right angles for eight days, with the pressure continuously applied; but the instant this was removed the displacement again occurred.

The plan of keeping the arm extended, as recommended by Mr. Thos. Bryant, with the compress applied as before, was next tried. This position was maintained for fifteen days with no improvement whatever. The fracture had united, and the joint, instead of being anchylosed, had more than natural freedom of movement, without pain or discomfort. The whole ligamentous structure seemed to be relaxed and flexible. Pronation and supination were better than was expected, and no further effort was made to restore the displacement. The deformity was quite marked, but the movements were near natural, with the exception of extreme pronation and supination when the shoulder-joint was forced into aid. The strumous tendency was evident, the shafts of the bones long and slender, the joints large and their ligaments loose and yielding, and the muscular system poorly developed.

Case II, at the first examination, was thought to involve a complete destruction of the joint. A large, brawny Irish laborer, aged twenty-four years, was supporting a heavy iron bar in the flexures of both arms, when he fell and struck the head of the radius posteriorly against a sharp prominence. The parts were greatly contused and swollen when first seen, four hours after the accident, and a thorough investigation was impossible without an anesthetic. Every movement could be made forcibly, and in supination and pronation the crepitus of fracture could be detected and the radius could be felt to revolve only to within an inch of its humeral extremity. The little cup-shaped depression of the radial head could be felt posteriorly to the external condyle of the humerus. Neither the ulna nor humerus was displaced or fractured. The conclusion reached by those in attendance was that the radius was completely divided just below the tubercle, and that the fragment was tilted to almost a right

angle to its axis by the triceps muscle. Though there was no communication with the joint, the parts were lacerated by the fragments, and a large abscess speedily formed, through which the spiculæ were discharged. Pronation and supination were retained only to a moderate extent while flexion was almost entirely lost. Sensation in the course of the ulnar nerve was greatly benumbed, but not fully obliterated. This, however, considerably improved before the patient left my care. The abscess was opened and the spiculæ removed under the antiseptic spray.

While this case does not properly belong in a list of cases of dislocations, yet such a form of displacement of the radial head could not have taken place in the manner above described without the complication of fracture. The arm was tolerably useful in the act of forcing from the body, but of little power in prehension. When last seen, five months after the accident, atrophy had begun in anterior aspect of the arm from nonuse of the biceps.

Case III requires no further mention than to state that it occurred in a negro child about eleven months old by its falling forward on its left hand. The ulna was dislocated backward, and was first seen twenty hours after the accident. It was easily replaced and cold-water dressing applied. I never heard from it again, and will assume that the reduction was perfect.

Cases IV and V were in all respects similar save in the ages and constitutional habit of the two subjects.

Hattie C., aged about fourteen, feeble and pale, fell upon the pavement and dislocated both bones backward. The reduction was completed at once without an anesthetic, and the joint is now as if the accident had never occurred.

Case V happened in the person of Mr. D., a strong, active man, aged twenty-five, who fell violently with his whole weight upon the palm of the right hand and displaced both bones backward. I was called upon to assist at reduction, and the subsequent management of the case fell to my care. Inflammation quickly ensued and persisted for several days. The tempera-

ture under the tongue rose on the second day to 102.5° F., but subsided entirely in the following twenty-four hours, with improvement in the local symptoms.

I watched progress anxiously, fearing that anchylosis might result. The joint was exceedingly sensitive, and passive motion was employed very cautiously, apprehending that meddlesomeness might again cause inflammation. Swelling and points of induration were still present seven months after the reduction.

Cases VI and VII were dislocations of both bones backward and were in many respects similar, though a wide difference existed in their ages.

Mrs. S., a strong, muscular woman, about forty years of age, dislocated both bones of the left arm backward by falling upon the hand. She was first seen by a surgeon in her neighborhood, who promptly reduced the luxation, but the bones again became displaced without the knowledge of either the patient or the attendant. They were allowed to remain in this condition for eight weeks, when the case came under my observation. Motion of the forearm was limited to a few inches and pronation and supination impossible. Owing to the age of the patient, the amount of induration and tenderness, and more, perhaps, to the authority of writers on the subject, who discourage any attempt at reduction under such circumstances, the outlook for success was unpromising indeed.

Completely relaxing the patient with an anesthetic, what seemed an unjustifiable amount of force and manipulation was employed and the bones were returned to their proper places. Placing the surgeon's knee in the flexure of the elbow and using the forearm as a lever, with counter-pressure on the olecranon process, is the plan that succeeded.

The arm, though not completely restored, is but little limited in its movements and the patient reports improvement from time to time.

Case VII was first treated by a "natural bone-setter" for fracture, who allowed it to remain in a permanent dressing for seven weeks, when Dr. W. A. Brown, of Parksville, was con-

sulted and discovered the true condition. The joint was immovable and much swollen. Dr. B. asked me to aid him in an attempt at reduction and though we were never fully satisfied whether the displaced articular surfaces were ever brought into apposition, we were gratified to see much improvement in the movement and general condition of the joint.

The above cases occurring in succession in a general practice, indicate that successful reduction can be promised only in recent and uncomplicated examples. The slightest deformities in this joint impair the usefulness and interfere with the graceful movements of the forearm. It is well enough for the surgeon to bear in mind that failure to correct deformity of this joint has been the occasion of more malpractice suits than all other joints combined. Complete success—the kind that satisfies the patient and his friends—can be claimed for only two of the cases related above—those recently dislocated in young subjects and wholly uncomplicated. It is true all were improved by the means employed, but a full restoration of all the functions is not to be looked for save in cases of a few hours' standing. It has been stated as a general rule that all attempts at reduction will fail after the lapse of five or six weeks and surgical writers rather discourage interference, yet a good result has sometimes followed after the lapse of several months. The dislocation had existed in the woman aged forty for eight weeks and the attempt was made at a venture. The excellent result in this instance encouraged me to attempt the case of the lad whose bones had been dislocated seven weeks, the joint in the meantime being acutely sensitive and perfectly useless. My experience thus far may embolden me in the future to go beyond the limits of prudence, though I am fully aware of the liability to inflammation, suppuration, gangrene, and irremediable injury to the joint and to the neighboring blood-vessels and nerves.

The fact is in the main as stated by Hamilton, that not more than one in five of all attempts succeeds, the failures and the above-named accidents never being faithfully recorded.

DANVILLE, KY.

HYDROCELE CURED BY CARBOLIC-ACID INJECTIONS.*

BY P. E. SANDIDGE, M.D.

Having seen nothing during the carbolic-acid mania of the use in hydrocele of this many-sided remedy, I send the following note: In March, 1868, Mr. W., aged sixty-five years, observed the tunica vaginalis of the right side to be greatly distended with a fluid. There was some fluid also in the left side. Both tumors were punctured, and the fluid withdrawn. That on the right side was darkish; that upon the left was perfectly limpid. The sacs were now injected with the tincture of iodine, which was allowed to remain, and in due time the case was discharged cured; but the tumors gradually reappeared, and in April, 1871, had acquired their former size. They were again emptied, the fluid in the right side being darker and thicker than before. I now threw into the vaginal tunic of this side, instead of the iodine, two drams of Calvert's solution, No. 5, with a small quantity of water added, but repeated the iodine on the left side. The patient suffered some at the time, and complained afterward of fever in the right cord, with frequent erections. The left side gave no trouble. A brisk purge or two, rest and diet, with cooling lotions to the parts, straightened out matters, and in ten days the patient was dismissed. The right testicle and the right side of the scrotum were considerably retracted. The left testicle hung as usual. In January, 1872, the fluid had reaccumulated on the left side, the right being unaffected. The tumor was opened, contents evacuated, and carbolic acid injected as in August. The patient experienced much the same pain, etc., and had the same after-treatment. The testicle and scrotum of that side retracted as the right had previously done. Six months after the operation there was no sign of a return of the disease.

EDMONTON, KY.

* Reprinted from AMERICAN PRACTITIONER for 1872. See Notes and Queries.

THREE CASES OF CROUP, TWO BEING TREATED SUCCESSFULLY BY PEPSIN.*

BY J. E. BROWN, M.D.

CASE I. A bright, fleshy boy, four years of age, had croupal symptoms for a week before I saw him. He was then breathing with great difficulty, and with the peculiar croupal sound; countenance anxious; pulse 120; skin hot, but moist; tongue slightly furred. An emetic of alum and ipecac, iron and quinine in full doses; locally, nitrate of silver and limewater by the atomizer, all failed, and death ended the struggle in fifty hours.

CASE II. A boy, three and a half years old, had been sick some days with croupy voice and cough, and was really very ill when I was called to see him. He was directed the same treatment pursued in the first case, with the addition of grain-doses of calomel repeated every hour for six hours. The symptoms all grew worse. I now determined to test the solvent powers of pepsin, and so gave my little patient four grains of Scheffer's pepsin in powder, along with two grains of quinia, every two hours, bathed him in hot mustard-water, and applied sinapisms to all his extremities. In ten hours every thing had changed for the better. At almost every act of coughing large flakes of lymph were expectorated. Continued treatment for forty-eight hours, when the child's condition was so much improved that the cure was soon completed by tonics alone.

CASE III. A girl, four years old, had croupal symptoms for several days when I saw her. Aphonia complete; extremely labored breathing; pulse 120; excessively restless and anxious. I here gave pepsin and quinine at once, and used locally sol. nit. argent. with the atomizer. The symptoms grew better from the beginning of this treatment, and soon disappeared altogether. The membrane, which was not so well organized, came away in forty-two hours after beginning the pepsin.

* Reprinted from AMERICAN PRACTITIONER for 1874. See Notes and Queries.

These two cases recovered in so extraordinary a manner under the use of pepsin that I shall certainly try it in such other cases of croup as may occur in my practice.

CLOVERPORT, KY.

A LETTER FROM EDINBURGH.

Dear Doctor Yandell: EDINBURGH, March 7, 1882.

I am told here by those who ought to know that few American doctors come to Europe to learn. Most of those who come are either the leading men of our side, with knowledge so broad and experience so large that they do not need to learn, or belong to that rare set—medical students with money—who have not learned what they need. In the very nature of things the rank and file of the profession—that large class who feel that their thirst for knowledge can only be indulged after due regard to the less important but more urgent demands of every-day life—sends comparatively few representatives here. Coming fresh from that class, to learn from the masters of the Old World in the light of experience acquired in the New, with twelve years of doubts and perplexities in diagnosis and of anxieties and skepticism in treatment to stimulate me to make the most of my opportunities, it seems not improper that I should "talk to the brethren on the way." Two weeks is a short space of time in which to collect facts for a letter, and I plead this in advance as an excuse for its meagerness. The letters you gave me to your friends here at once opened the way to every thing of interest in medical circles.

The Royal Infirmary is the most complete hospital I have seen so far, and, having the whole of Scotland and the north of England to draw from, the amount of material is very large. Most of the surgical cases are of the chronic kind which make up the bulk of a private surgical practice, and the variety of procedures and ingenuity of the different operators furnish appe-

tizing food for an active mind. The clinics mean something different from what they ordinarily do with us. Nearly all the members of the staff have clinics at the same hour every day—a plan with obvious advantages and disadvantages—and out of the large number you have abundant room to choose from. The surgeon conducting a clinic takes a seat while he makes brief comments on the diagnosis and treatment of cases, and most of the time is taken up with the examinations and operations. No attempt at oratorical or other display is made, and the patient is the prominent figure always before the class. Then all are invited to ask any questions they may desire as to the diagnosis made and treatment adopted. This seems an excellent plan of bringing out the leading points of cases. A visit is then made to the wards, and cases previously before the class are examined and the after-treatment detailed. As this is done day after day, an attentive student gets much the same experience that he would in an active private practice, with the advantages that the treatment he sees is conducted by a man of large experience, and his own opinions are corrected and the prominent features of cases made more impressive by the comments of the surgeon. For all this, however, I must say that the average students will not compare with the boys in America, particularly in quickness of perception and in the exercise of the reasoning faculties.

Conservatism in surgery is not more noticeable here than on our side. I have seen three cases of incisions into the large joints with the insertion of drainage-tubes for gelatinous synovitis. One case in the service of Mr. Bell was operated on three months ago, and has resulted in a useful joint. The other cases were more recent, but seemed to promise equally well. In scirrhus of the breast the whole of the overlying skin is removed and all suspicious glands in the axilla are enucleated, as is the practice with us. I saw Prof. Annandale make a resection of the ulnar nerve at the elbow-joint in his private practice, which specially interested me. The nerve had been accidentally divided three months before, and complete paralysis of the parts

supplied by it followed. It was found that the two ends of the nerve had been bound together by a bulbous mass of cicatricial tissue with probably no union of the nerve-fibers. This mass was removed and the ends of the nerve brought together by means of catgut sutures. The functions of the nerve have been restored partially, and the improvement still continues.

Mr. Hamilton's method of sponge-grafting in the treatment of all benign unhealing surfaces has recently attracted much attention here, and we have had several cases in which it has been tried. It is claimed for it that if a section of well-washed sponge be saturated in the fluid-extract of eucalyptus, and fitted into the cavity of an ulcer or old burn with antiseptic precautions, granulations will spring up through the meshes of the sponge, that the sponge-tissue becomes transformed into human tissue, and that the healing process is much facilitated. It seems more probable that the sponge and antiseptics act as stimulants to the surface of the sore, and that the sponge acts as bean-poles, on or in which the granulations climb, and that after having served this useful purpose the sponge-tissue is partially absorbed and partially lost in the discharge, in the place of being vitalized. Be this as it may, however, the fact remains that many very ugly sores heal beautifully under this treatment, and it is growing in favor. Mr. Hamilton claims that tumors can be grown, tier upon tier, by placing sponges on the granulating surface of an already-existing tumor and adding new ones as fast as they are vitalized.

Mr. Chiene has been engaged for some time in making clinical investigations as to the value of Ferrier's cerebral localization researches. He read a paper at the Medico-Chirurgical Society last week based on three cases of injuries to the brain in which the symptoms seemed to bear out the conclusions of Ferrier, which was a model of clinical work. There is a fascination about this doctrine which none can escape who will follow Ferrier, growing largely out of the fact, no doubt, that it seems to promise to throw light into "the dark continent" of physiology; but I imagine that surgeons who have witnessed the negative and

often contradictory symptoms which so frequently follow injuries of the upper part of both hemispheres particularly, when not attended by pressure, will subscribe to his plausible doctrines only after prolonged investigation.

Whatever may be the conclusions in regard to Listerism at other places, it has lost none of its hold on the profession in this its birthplace. In some form or other antiseptic dressings are used in all operations done at the infirmary, and in the treatment of all wounds where there is the least hope that the wound can be made and kept sweet. Both Mr. Chiene and Prof. Annandale use salicylated silk waste in most cases where the discharge is not profuse, and with this material use neither the protective nor mackintosh. This allows free evaporation, and avoids the soddening of the tissues so often met with in strict Listerism, and makes a light, pleasant dressing; but all seem to have doubts as to its efficiency as yet, and in important cases use the original dressing or combine the two materials.

I shall go to London at the end of this week and remain until May, when I expect to go to Vienna.

Very truly, J. N. McCormack.

LONDON LETTER.

My Dear Yandell: London, March 20, 1882.

In the medical world nothing of any moment has occurred here of late. No nurses have poisoned patients under their care by giving them ten-grain doses of morphia by mistake in the place of quinine, no go-ahead young physician has succeeded in discovering that germs are the cause of corns or that bunions are infectious, and no matrons of public charities have been accused of giving bachelor parties kept up till six in the morning. The British public, however, though they have no medical scandals to feast on, do not seem to feel the vacuum, but appear

contented and even happy. There are no less than three nine-days' wonders at one and the same time to distract them. The first in importance is our colossal friend Jumbo, of Zoölogical Garden celebrity. Mrs. Jumbo, better known as Alice, is *enceinte*, and the accouchement of an elephant is a somewhat dilatory performance. Jumbo, deprived of the society of his spouse, has been very irritable and excited of late. During his paroxysms he knocks his house to pieces and is very dangerous. The authorities of the Zoölogical Society after mature deliberation determined to get rid of his elephantine Highness. Accordingly they have sold him to Barnum, in the bosom of whose "happy family" they think that he will be happy and tranquil. Jumbo, however, is blessed with an extraordinary amount of decision of character, and refuses to cross the Atlantic. The public and the dailies back him up in his determination, and say that it is a national disgrace to sell a popular favorite who has carried the children of the nation on his back for the last twenty years. Fabulous sums are daily offered to keep Jumbo in the country.

The second wonder is a Miss Fearneau, the daughter of a Liverpool policeman, who has been a convict, a bar-maid, an attendant in a lunatic asylum, and a governess, and who has for some years been personating a nobleman who died some time ago after being mixed up in a very disreputable affair. This rôle she has played to some purpose, having extracted the sum of $100,000 from her victims.

Last and not least is the attempt made by a half-starved and half-witted man to shoot her Majesty the Queen. Had McLean been as accurate in his aim as was Guiteau, it is hardly possible to imagine the grief that would have fallen upon the nation. If

> "in every crown
> That rounds the mortal temples of a king
> Keeps Death his court,"

as has been exemplified of late in America, Russia, Germany, and England, the sovereignty of a country will be a distinction not much coveted.

A new institution is starting in this country. A few years ago pay-hospitals were unknown here. In this respect England is far behind America and some of the European countries. The best medical treatment was only to be obtained by the two extremes of society — the very wealthy and the paupers. The wealthy alone could afford to pay for the services of the leading men in the profession; the working classes had the advantage of their treatment at the hospitals; while the shabby genteel and in fact all the lower middle classes of the population, who were too respectable to put themselves on a charity, but could only pay small fees, in many cases fell into the hands of the lower grades of general practitioners, some of whom are by no means an honor to the profession. Now, however, a movement is being made to establish "pay-hospitals," at which people of small means for a moderate payment can have the advantage of good sound treatment, and, what is equally important, of good professional nursing. As yet there are only three recognized institutions of this kind, and they differ widely in their management and arrangements. It is to be hoped when more such institutions have arisen and have an opportunity of conferring with one another that something more like a system may be elucidated.

In fashionable circles a considerable amount of talk has followed a lecture given by Mr. Frederick Treves at the Kensington town hall on "The Follies of Fashion." The hall was so crowded that a large number of ladies of fashion were unable to gain admittance. The lecturer took as his model of a natural figure a cast of the Venus di Medici. Side by side with this was a dressmaker's dummy, as an example of an artificial figure. Diagrams were displayed showing the position of the vital organs in health and after a life of tight lacing. Mr. Treves, assuming that the primary objects of dressing were to cover the body and maintain an equable temperature, pointed out that in a low evening dress these objects seemed to have received little or no attention. The neck and arms and the upper part of the chest and back were left bare, while about the lower extrem-

ities was accumulated a mass of raiment that would clothe a dozen children. In the ordinary dress of women also little regard was had for maintaining an equable temperature. The covering of the upper part of the chest, above the line of the corset, was very thin, in some cases that of the dress only. The region of the corset was reasonably covered, while about the hips many layers of clothing were massed. Thus the body might be divided into a frigid, a temperate, and a torrid zone. Dealing with tight lacing, the lecturer said that children had normally no waist, and if a mother gave her thought to the matter for a week she could devise nothing more fatal to health than to make her daughter wear stays "to improve her figure." How much longer the tyranny of the *mode* is to continue it is impossible to predict. The Lancet says that a woman might as well be dead as out of the fashion. It is the aim of her existence to dress for the admiration of the opposite sex, and in carrying out this her natural passion she is not content to be guided by instinct, but feels and acts as the subject of an unseen authority which dominates society and renders even sensible and in other respects reasonable and reasoning women slaves. There is something mysterious in this submission, because it is perfectly well known that the rulers of fashion are not its leaders. Those who determine the cut, color, and general contrivance of feminine costume are not the wearers of the dresses they design, but the manufacturers. "Women of fashion" are so only in name; they are, in fact, nothing more than the show-figures on which tradespeople display their wares. If the facts were fully and plainly stated, society-journals would not announce that at a particular assembly lady Littlewaist wore a gorgeous apparel of such and such a material, and made in such and such a style, but that Monsieur and Madame Stitch exhibited such a costume on the person of lady L.

The Nineteenth Century of this month contains three articles under the heading, "Vivisection: Its Pains and Uses," which are intended to conclude the series which has appeared in this magazine. The first article, by Sir William Gull, discusses the

ethics of vivisection; the second, by Mr. George Fleming, president of the Royal College of Veterinary Surgeons, considers the benefits that have been conferred on animals themselves through experiments on their kind; the third, by Dr. Lauder Brunton, treats of the uses of vivisection in enabling physicians to relieve disease. Sir William Gull sums up the ethics of experiments on animals—upon living animals, or vivisection—thus: "Human life and the relief of human misery are objects which justify the infliction of pain upon animals, provided always that the suffering be no more than is necessary for the ends in view." As to the accusation of cruelty, Sir William pertinently remarks that "nothing is so cruel as ignorance." Mr. Fleming, in describing the modes by which experiments on living animals have so enlarged and corrected our knowledge of many contagious and infectious diseases, both in man and animals, that we are enabled to use with certainty prophylactic measures against them, rightly observes, "The pains inflicted by the experimental pathologist are those of disease, the effect of vivisection, but not the operation itself."

Dr. Lauder Brunton, in a temperate and well-reasoned article, gives a long list of remedies, the properties of which have been discovered from experiments on animals—such as strychnia, digitalis, carbolic acid, physostigma, chloral hydrate, nitrite of amyl, etc.; and states that practically every important addition since 1864 to the remedies used to prolong human life and alleviate human suffering has been made by the help of experiments. He concludes by hoping that, when once the merits of the case are thoroughly understood, not many will be found to oppose the demand that competent men shall not be hindered in forwarding the progress of the healing art by one of its most indispensable means.

A successful cesarean section has been performed by Mr. Henry Morris. The patient, suffering from epithelioma of the cervix uteri complicating pregnancy, was taken in labor at term nine days ago at the Middlesex Hospital. On the following day Mr. Morris performed cesarean section. The operation

was performed in the interests of both the mother and the child. We are glad to learn that they are both progressing favorably.

A medical gymnasium has been opened in London on the principle of Dr. Zander's institution at Stockholm and shows promise of becoming popular among the profession and public. The greater number of the machines are of course intended to be applied to the muscles, although many may be employed to act on the viscera. One machine exercises the biceps, another the triceps. The flexors and extensors of the forearm have also their special appliances. One particularly good apparatus is specially adapted for the treatment of wrist-drop and will doubtless prove a valuable aid in the treatment of this disease. There is a formidable machine, shaped like a horse, on which the patient sits astride; the machine has a forward and backward as well as a bilateral movement, which requires the patient to grip firmly by the thighs in order to prevent his being thrown from his seat. The strength of the machine can be varied at will. Some of the apparatus for rubbing are very complete. The rubbers can be applied to the arms or legs, and, by the motion of a handle, can be made to attack the limb in any part of its length. We believe that these are really the most valuable of all; and their movement is so natural that if the patient shut his eyes he can almost imagine that he is being shampooed by an experienced attendant at a Turkish bath. This will doubtless be useful in the treatment of chronic rheumatism. Some of the machines are for rapping or gently knocking different parts of the body. They produce a decided effect in a very short time. One is for the liver, another for the colon, causing an immediate desire to defecate. A third attacks the bladder, making the patient at once desire to micturate. These are intended for dyspepsia, constipation, and atony of the bladder. Other machines are intended for shaking the head and spine; another for rubbing the forehead with an india-rubber ball in cases of neuralgia; another is to be applied to the larynx, to which it imparts gentle oscillation, intended for atony of the laryngeal muscles and vocal cords; and

numerous others. In a somewhat hurried visit I had not time personally to test the efficacy of all these special appliances, but some time soon, if I have a day to spare, I will go through the whole performance and afterward give you a description of my condition at the end of it, if I survive to write my experiences.

The gymnasium is especially intended for invalids—for those who, either from extreme debility or from heart-disease, are unable to bear the fatigue of ordinary exercise. Many of the exercises for which the machines are constructed can be effected by the more simple methods employed at ordinary gymnasiums; but the advantages claimed for the elaborately constructed apparatus of the medico-gymnasium are that separate sets of muscles can be exercised with a minimum of exertion to other parts of the body, and that the degree of force used by the patient can be regulated with exactitude. The apparatus for effecting passive movements have no counterpart in other gymnasia in this country, and we anticipate some very good results from the employment of these machines if they be used in suitable cases and with discretion.

Since the theory has been put forward by Dr. Daly that there is a contagious form of pneumonia, several cases have been sent up to the papers. In last week's Lancet there is an instance, given by Mr. Patchett, of Shaw, of a whole family of five persons dying one after another of typical and uncomplicated pneumonia in less than a fortnight. Four brothers and a sister, all unmarried, lived together. They kept a farm and had lived together at the house all their life; the house was healthily situated on a steep hill-side, and the sanitary surroundings, ventilation, and water-supply were every thing that could be desired, so that there could be no suspicion of any septic epidemic pneumonia or of pneumonia from blood-poisoning. Each of them was taken in turn with crepitation over the front of the chest and consolidation at the bases; expectoration of rusty sputa, and a temperature of about 104.5°. They died at periods varying from three to six days from the commencement of their illnesses.

Reviews.

A Treatise on Food and Dietetics Physiologically and Therapeutically Considered. By F. W. Pavy, M.D., F.R.S., Fellow of the Royal College of Physicians; Physician to and Lecturer on Physiology at Guy's Hospital. Second edition. New York: William Wood & Company. 1881. Pp. 402. Large 8vo, containing over 260,000 words.

What to eat, when to eat, and how to eat constitute a tripartite question upon which has been expended a great deal of pseudo wisdom and some true wisdom. Dr. Pavy's book is true wisdom. He had entitled himself to be heard in this department of medical knowledge before he wrote this book by his valuable work on Digestion and its Disorders.

The first edition of Food and Dietetics was issued in 1874 and promptly published in this country by Henry C. Lea, of Philadelphia. In 1875 the present edition was given to the press in London and is now reprinted in New York by Wm. Wood & Co. as the October number, 1881, of their Library of Standard Medical Authors. They have not issued a more valuable work. A careful and intelligent perusal of its concise, accurate, and lucid statements of the subjects embraced in its title, by those who desire substantial knowledge in the premises, would be a judicious investment of time and study. One encounters so much of the unscientific and irrational in the instructions concerning diet given by reputable physicians to invalids under their care that the impression is bright that a good many doctors ought to study Pavy.

Our author treats lucidly of the origin of foods, including such facts concerning their culture and preparation as will aid in understanding their purity, nature, and value, and sets forth

the composition of all classes and the more important individuals in such wise that one giving heed to his clear delineation of alimentary principles and their application will find himself in a condition to advise intelligently as to the diet of such as need advice.

Dr. Pavy was among the first to expose the hasty conclusion of Liebig that urea was the waste of muscular tissue in a state of activity. This theory of the distinguished German was so plausible that the scientific world accepted it without question or inquiry into the nature of the evidence on which it rested. But it did not bear the test of inductive reasoning from well-established facts, and Dr. Pavy, in the work under consideration, convinces the reader of the fallacy of the great German's conclusion. Even the seeming prop to it afforded by the elaborate observations made by Dr. Flint, jr., on the pedestrian Weston is shown to be unsound and untrustworthy.

Perhaps all the more recent physiologists have abandoned the doctrine of Liebig, certainly Foster has, and now hold that a part of the nitrogenous food goes directly into urea without first becoming tissue of any kind, and that muscular tissue in functional activity undoubtedly does waste, but it is only the waste of a vital machine and not the waste out of which comes the energy of muscular contraction, this energy being due to the fats and carbohydrates that feed the machine, in a remote manner similar to the carbon that feeds and creates energy in a steam-engine. It may seem like a complete abandonment of the idea of a special vital energy, so long set forth by the great physiologists of the world, and by none more beautifully or more forcibly than by Beale in his history of cell-life, but scientists have reached a point in evolution where the most venerable and venerated theory must be discarded as soon as it is incontestibly shown to be inconsistent with facts established beyond a peradventure.

Dr. Pavy does not formally divide his volume into chapters, but under various appropriate headings he treats all branches of his theme in a clear and forcible manner. Under the title, On

the Origination of Food, he shows that all animal life, so far as food is concerned, is directly or indirectly due to the consumption of vegetables, and that all vegetal life is developed under the influence of the sun's energy, a long-recognized fact in physics, but of good report when reiterated in connection with the study of the conversion of our daily food into tabernacles for immortal souls.

His treatment of beverages, covering fifty-three pages, presents the whole question in a scientific and practical light. He very properly counts beverages as food and deprecates the idea of those who have such fear of mischievously diluting the gastric juice that they induce dyspepsia by lack of drink at meals. He discusses grapes and the manufacture of wine, classifies and explains the nature of wines, points out the nativity of all varieties and estimates their value as food, and then leaves the world to drink wine at dinner or drink something else, as the world may elect.

Under the head, Practical Dietetics, our author details the manner of living by about twenty barbarous, semi-civilized, and unique nations in all parts of the world. Some of the customs reported are the result of necessity, some of traditionary binding, and some of eccentric tastes. The combined story, however, is a varied, picturesque, and valuable lesson in dietetics.

A few pages on Diet of Infants should be read by those—and they are many—who feel inspired to write on the management of children. The exercise might discourage some and improve the work of others.

Quite a long article is given to Therapeutic Dietetics, and the valuable book closes with twenty pages of Hospital Dietaries. J. F. H.

Dyspepsia: How to Avoid It. By Joseph Edwards, M.D. Philadelphia: Presley Blakiston. 1881. 16mo. Pp. 87.

As the reviewer looks over this little book he feels that his heavy supper, two hours later than usual, and eaten in a hurry, is not compatible with the teachings before him.

The subject-matter is divided into four chapters, as follows: Chapter I treats of food; II, of digestion; III, how to cook food; IV, how and what we ought to eat.

The book is written in the popular style, and the laity will probably be more interested in its contents than the profession.

A number of simple rules are given as to how one should and should not eat. Repose after a meal is urged, but one should not fall asleep, for then the stomach, the author says, "goes to sleep" and does not properly digest the food.

This is good physiological doctrine, for Foster says that during sleep the activity of the whole body is lowered, in some respects almost to actual arrest, and that the secreting organs are less active. However, many insist that a nap after dinner aids digestion. This book is especially recommended to the dyspeptic.

A. M.

Suppression of Urine: Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M.D. Ninety-three Clinical Cases, with Illustrations, Table, and Diagrams. Paper presented to the New York Medico-Chirurgical Society, December 14, 1880. New York: William Wood & Company. 1881. 8vo. Pp. 86.

Dr. Fowler had a case with swelling in the side above the crust of the right ilium of uncertain character. Suppression of urine for ten days. Tapped by aspiration above the ilium, and the following twenty-four hours sixty-two ounces urine voided. After death, on the twenty-third day, inspection revealed that the left kidney was absent and the right kidney three times the natural size, with a cyst above the hilum. The autopsy disclosed that a cyst had pressed on the right renal artery, and cutting off the supply of blood to the kidney, suppressed the secretion of urine, which continued until the pressure was removed by aspiration, when the kidney at once resumed normal activity. A point in the case is that there were ten days of complete suppression of urine with no symptoms of uremic poisoning.

For cases of the kind Dr. Fowler searched the medical literature of a century and found ninety-three cases, with attendant

phenomena sufficiently detailed to make them serviceable, and these cases he has presented in a tabulated form, conveying much information.

There were many cases so imperfectly reported as to quench their availability for his tables, but he has picked out the instructive points that were understandable and presented them in a separate section.

The urinologist will find some substantial food in the contents of Dr. Fowler's little book. J. F. H.

Frozen Sections of a Child. By THOMAS DWIGHT, M.D., Instructor in Topographical Anatomy and Histology in Harvard University; Fellow of the American Academy of Arts and Sciences; Surgeon at the Charity Hospital. Fifteen Drawings from Nature by H. P. Quincy, M.D. New York: William Wood & Company. 1881. 4to. Pp. 66.

In the winter of 1880–81 Dr. Dwight, in the discharge of his duties as teacher of Special Anatomy in Harvard, froze the body of a girl three years old, and while so solid that the bone was no harder to his fine saw than the other tissues, made fifteen transverse sections of the little subject, the first being through the sixth cervical vertebra and the fifteenth at the lower end of the coccyx. The slices were not uniform in thickness, varying from about two thirds of an inch to one and one third inch. The surface of each section is pictured of natural size and the drawings appear to be very complete and accurate and are certainly instructive. All the specimens from which these drawings were made are preserved in the Harvard Medical School, so that the faithfulness of the artist to his work can be attested at any time by any party interested. Two or three pages of letter-press accompany each plate and serve an excellent purpose in explanation of the plate and to point out the difference between the anatomy of a child three years old—which has been but little studied—and that of the adult.

The author thinks that frozen sections will hereafter play an important rôle in the study of anatomy, and in this he is undoubtedly correct.

The publishers have done their work well and the book in all its aspects is valuable within its special sphere. J. F. H.

The Compend of Anatomy. For Use in the Dissecting-room and in Preparing for Examinations. By JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy. Second edition, revised. Philadelphia: C. C. Roberts & Co. 1881. 16mo. Pp. 198.

In a review of this book a short time since, in Leonard's Illustrated Medical Journal, Dr. Leonard insists that its contents are mainly taken from his Vest-pocket Anatomist, and that much of the text on Myology is a *verbatim* abstract.

The Vest-pocket Anatomist is not at hand to compare and verify this statement, but if the Compend is largely taken from the Anatomist, Dr. Roberts has displayed good judgment in his selections, for it is a very complete and convenient book for a small volume. A. M.

Lectures on Electricity (Dynamic and Franklinic) in its Relations to Medicine and Surgery. By A. D. ROCKWELL, A.M., M.D., Electro-Therapeutist to the New York State Woman's Hospital; Member of the American Neurological Association; Fellow of the New York Academy of Medicine; Member of the New York County Medical Society, etc. New York: Wm. Wood & Co. 1881. 8vo. Pp. 122.

About three years since this journal noticed the first edition of Dr. Rockwell's Lectures, and although not so stated in the title, this is a second edition of the same labor, enlarged by twenty-three pages, containing an additional lecture on Franklinic or Static Electricity, having seven more illustrations, with an added table of contents and general index. These additions

are decided improvements on the original, but there is still margin for further excellencies in a third edition.

Perhaps it is an inherent quality in the subject, but a perusal of this volume, as did the first edition, leaves the reader with a sense of uncertainty and inexactness in the application of electricity as a therapeutic agent. The author evinces large knowledge of the theme he lectures on, but he does not carry conviction to his hearers that the most potent of dynamic energies has been so thoroughly investigated that he knows just how much of it and under what conditions it may be applied as a force of precision in the cure of disease. Still the book is of good import and both advanced students and many practitioners may apply to its pages for instruction and find it.

He closes the sixth lecture with a description of Prof. Graham Bell's Induction Balance, with which the assassin's ball in the body of the late President Garfield was searched for last summer and—was not found. J. F. H.

The Nurse and Mother: A Manual for the Guidance of Monthly Nurses and Mothers; comprising Instructions in Regard to Pregnancy and Preparation for Child-birth, with Minute Directions as to the case during Confinement, and for the Management and Feeding of Infants. By WALTER COLES, M.D., Consulting Physician to St. Ann's Lying-in Asylum, St. Louis; Member of the St. Louis Obstetrical and Gynecological Society, St. Louis Medical Society of Missouri, etc. J. H. Chambers & Co., Chicago, Ill.; St. Louis, Mo.; Atlanta, Ga. 1881. 8vo. Pp. 153, with large type and wide margins.

Quite a long title for a small book and fairly indicates the intention of the author in undertaking the task of writing it. But good intentions do not always insure successful labor. And the service imposed on Dr. Coles by his knowledge that the field he has entered has never yet been satisfactorily cultivated will probably, in the end, lead to the conviction that there is still opportunity for some one to achieve perfect success in the inclosure.

There is much excellent instruction in the nicely-printed little volume, some of it good for mothers, some good for nurses, and quite a block of it good for physicians; but it is mixed up with no inconsiderable quantity of sentiment that, if it were valuable under other circumstances, is here so loosely and indefinitely stated as to neutralize its value if not to relegate it to the category of things the reverse of good. The author has apparently not been able to recognize the extreme difficulty of a physician writing on professional affairs for the instruction of non-professional readers. J. F. H.

A System of Surgery, Theoretical and Practical. In Treatises by Various Authors. Edited by T. HOLMES, M.A., Cantab. First American, from second English edition, thoroughly revised and much enlarged, by JOHN H. PACKARD, A.M., M.D., assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

The third and last volume of this great work has been issued in the same elegant style as its predecessors. Representing originally the most advanced school of British surgery, it has been supplemented, through the labors of its editor, by what is latest and best in the surgery of America. It may therefore be regarded as embodying whatever is of established value in this department of our art. No surgeon who proposes to keep abreast with his rivals can afford to be without it.

Clinic of the Month.

ON THE TREATMENT OF SCROFULOUS GLANDS.—Dr. Clifford Allbutt, at the International Medical Congress, read a paper on this much-vexed question, from which we condense the following:

My purpose is to insist upon the influence of local causes in the production of that disease of the glands, either of the neck or elsewhere, which goes by the name of scrofula.

I am not unmindful of the potency of hereditary causes in the development of the malady, but I assert that scrofulous neck may be and is often found in persons having no history nor foregoing signs of such hereditary habit, yet I see as clearly that hereditary habit is an important factor in its causation in others.

I believe that in all cases—in the disposed and the undisposed alike—local causes are essential; indeed I am prepared to believe that scrofulous neck does not and can not arise by inward vice without the coöperation of certain peripheral antecedents.

The question thus, in my opinion, is reduced to one of the degree, duration, and kind of local irritation, this being the essential factor to consider both in respect of causation and cure, the coöperation of heredity being various and inessential.

Where heredity is predominant, local causation takes, no doubt, a lower place; where heredity is less, causation is more; and where it is absent, local causation stands alone. The operation of local causes may in some few cases be obscure or hidden throughout, and is to be assumed in them only by deduction from a large previous experience; but these cases are few and rare, if we confine ourselves to those of which the history is tolerably complete.

In the cases of which our knowledge is more perfect, we find that the glandular enlargements are bubonic in origin, and that they arise in the neck from two main sources—the mucous lining of the pharynx and that of the ear. Irritations acting upon the buccal mucous membrane, such as bad teeth and the like, are not to be forgotten; but the most effective source of irritation by far is the mucous membrane of

the pharynx, whither irritants are carried by atmospheric connection. The nasal and pharyngeal passages are the gates of the lungs, and over them the air passes, depositing its particles as it enters. When the particles which the air contains are made visible to us, as by solar or electric ray, we realize the incessant deposit which must ever be gathering upon those surfaces, and the incessant labor of removal which thus falls upon the intercepting membrane. By a beautiful automatism we know that these membranes are constantly passing this silt outward in an endless stream. Could this perennial stream be made as clear to us as are the motes of the air, in Professor Tyndall's well-known experiment, we should likewise realize the danger of its slackness or arrest, and with our eyes we should discover the settlement and adhesion of its burden. Let there be a trifling delay or languor of the epithelial function, and particles mechanically, chemically, or vitally irritant will imbed themselves on the soft and absorbent vesture of the throat, and thence may themselves be carried within or may set up such action on the surface as to generate materials which, harmful or harmless, find their way into the lymphatics. It seems likely that, of all such, those septic particles which infest the lower terrestrial atmospheres are the most potent. By some vital mechanics a chill to the skin disturbs the nutrition of the pharyngeal epithelium. If this occurs in aseptic air, as on the ocean, for instance, we notice that the sore throat is simple and transient. The effective cause having ceased, the parts regain equilibrium. But most of us breathe air far from pure; on the contrary, we inhale it often highly charged with septic particles, organized or organic. No longer arrested and rejected by the outward current, these settle and work mischief. The mucous membrane may still overpower the evil, as strong turnips outgrow the fly, or it may fail to do so. If it fail, the failure is to be attributed either to that bad healing power which seems to be the chief feature of scrofula or to the virulence or continuance of the incident poison. The same argument must be carried forward likewise to the glands. If the poison or morbid juices generated by the poison reach these, they may throw off the mischief, either in virtue of their vigorous health or because the poison is of feeble nature, of short continuance, or in limited quantity. Where the inherent weakness of the tissues is chiefly to blame, we have natural scrofula, heredity, and local causes going hand in hand for evil; where the tissues are overpowered by the dose, virulence, or continuance of the poisonous process in the peripheral membrane, we have artificial scrofula. It needs not to be said that in equal degrees the latter is far the more curable malady.

Unfortunately, however, after the original local cause may have ceased to operate, or, indeed, when the throat or other outer part is clean again, secondary mischief may abide within and become itself a new source of centrifugal mischief. A healthy girl, let us say, is exposed to foul air. The first sore throat she chances to have stops the mucous current, and the poison settles on the injured surface. If she be continually exposed thus to the aerial poison, she will probably have a continual sore throat, and this will set up secondary bubonic disturbance in the neck. This will happen more or less readily, according to the age and disposition of the sufferer.

Or if, indeed, the constitution be sound, suppose that a small gland, the size, say, of a pea, is damaged beyond recovery. Such a gland, undergoing retrogressive change, becomes in its turn the source of scrofula, and the patient after some interval comes with a diseased neck to the doctor. Sinuses have now probably formed, connecting the small diseased glands with others suffering in their turn. These again communicate with diffuse suppurative gatherings under the skin or surround themselves with dense fibrous tumefactions.

Of this kind was Miss B., who had always been a very healthy girl, and inherited a sound habit of body. Nevertheless her neck had become greatly disfigured by scrofula, the main mischief being found on surgical dissection to be secondary to a small deep-seated caseous gland under the jaw, and connected with it by long dense-walled sinuses. This gland had decayed very slowly, and the malady had thus gradually declared itself.

The lesson we learn from this and like cases is, that as scrofula is very often due chiefly to local causes, and in a large proportion of cases to septic poisoning of the pharynx, so is a local therapeusis indicated.

If it should be that the pharynx is still exposed to foul air, or that a bad tooth, an aural inflammation, or the like is present as a peripheral irritant, it is clear that such an agency, being sought out and discovered, must in the first place be eliminated.

This done, and the parts reduced to their simplest terms, the future line of treatment must comprise something far more than a mere temporizing with cod-liver oil and iodide of iron—more indeed than a mere nicking of soft subcutaneous abscesses or a mere aspiration of such inner collections of matter as will run through the needle. By or through such procedures, no doubt, most cases do make some kind of ultimate recovery, but few do really well. Few of the serious cases fail to be deeply marked in the neck, few or none recover quickly,

and few save the primitive strength of their constitutions. Dragging on a checkered and tedious course, drifting perhaps from doctor to doctor, consuming volumes of cod-liver oil and medicines, breaking up life and prospects by prolonged exile from home, pestered by filthy discharges or poisoned by decay which is not discharged, disfigured by sinuses, sluggish streaks, and lumps of fibrous increase, seamy scars, and indurated gland-remnants, such patients, thanks to the marvelous pertinacity of life, do generally fight their way into complete or partial recovery, but at the price of permanent disfigurement, at the price of tell-tale corrugations in the neck, at the price perhaps of a deferred pulmonary phthisis set up by absorption of the partially-voided caseous products.

Is it not idle work to let a case drift in this fashion, and then to hasten to find learned names for the consequences?

Modern medicine says that where decay is, there, if possible, must drainage be carried. This is as true of the dwelling-place of the soul as of the dwelling-place of the body. Internal and external sanitation are one. I was fortunate in finding a colleague who took the same theoretical views of this subject as myself, and who acted upon them with boldness, decision, and skill—Mr. Teale.

We agreed in these cases that our first duty was to inquire into local causation, to examine the surfaces, and to investigate the outer conditions of life. Having secured outer and superficial purity, we next had to secure internal cleanliness. Mr. Teale secured this by freely incising the affected parts under anesthetics, by letting out thus all pent-up liquids, and by scraping out and enucleating all pulpy and solid products of disease. The wound is then closed upon a drainage-tube, so that adhesion of the parts without further accumulation is attained. The drainage-tube is of course removed as soon as this end seems to be secured. It turned out on the surgical dissection of a number of cases that the superficial softening abscesses of the neck so commonly handled in these cases are not glandular but subcutaneous abscesses, secondary to diseased glands and communicating with these, so that the emptying of these superficial abscesses is no removal of the real and underlying mischief. It also turned out that the diseased glands and masses of decay lent themselves more readily than we had imagined to the process of enucleation.

The results of the operations have at least equaled our most sanguine hopes.

I believe from these cases (a table of which is given) we are justified in drawing the following conclusions:

1. That scrofulous neck and glandular scrofula elsewhere owes its origin to local causes, with or without the coöperation of hereditary tendency.

2. That by efficient sanitation such maladies may be prevented, even in the most susceptible.

3. That scrofula, when established, even in severe forms, lends itself easily to radical methods of cure.

4. That, especially by surgical dissection, the disease may be promptly removed, and the patient cured in a few weeks.

5. That by this method disfigurement, if not wholly averted, is reduced to the least amount.

6. That the subsequent health is after such procedure reëstablished in a way that is not possible under any other mode of cure, and that the risk of future phthisis or other malady caused by septic absorption is averted.

Discussion. Dr. Bowles: Notwithstanding the graphic description of the causes of this disease by Dr. Allbutt, they are at present theoretical only—extremely probable, no doubt, but not proved. We await more evidence. I wish to draw attention to a class of cases of so-called scrofulous glands, which rise rapidly in anemic, delicate subjects, and which are wholly unaffected by the usual tonic treatment, and are immediately relieved and cured by active saline aperients, followed by aperient salines and iron, and leave no trace behind.

Dr. Ord: The paper marks an important step in diagnosis and treatment. For years I have refused to regard the enlargement of lymphatic glands in the neck as simply indicating a particular constitutional weakness, and as conditions to be treated by strengthening remedies and the local application of iodine only. I have been able mostly to recognize, on the contrary, that these enlargements are related with some irritation or morbid state of surface, in mouth, throat, pharynx, esophagus, ear, or skin; and treatment to be successful must always commence with the attack of such local states. So far I have gone with Dr. Allbutt. But the practice which he has adopted in conjunction with his able colleague, Mr. Teale, goes far beyond mine—goes, as I believe, in a direction justified by the pathology and clinical history of these cases, and is a contribution of the very highest value to this Congress.

Mr. Frederick Treves: I would agree with Dr. Allbutt that a spontaneous origin for scrofulous gland-tumors is extremely rare, if not doubtful. In nearly every instance it is possible to make out some lesion at the periphery. Such lesion acts as the exciting cause only,

and I would strongly oppose Dr. Allbutt's view that scrofula may be due to local causes and local causes only. In every case I believe there is a tissue defect, a peculiar vulnerability of the part, a tendency for the glandular apparatus as well as other structures to react upon the most trifling irritation. This tissue defect may be either inherited or acquired. In no perfectly healthy person could the gland manifestations of scrofula be artificially produced. The exciting causes of these cervical gland-tumors that are most effective are those that involve the adenoid tissue of a mucous membrane. Inflammation of the adenoid masses in the pharynx will cause almost immediate gland enlargement, but an eczema on the face may exist for a long time before it produces such a result. The commonest seats for scrofulous gland-tumors are the neck, the bronchial region, and the mesentery and it is significant that the glands in those regions receive lymph from the largest districts of adenoid tissue in the body, viz. the naso-pharyngeal mucous membrane, the lungs, and the lining of the intestine. It is important to recognize the fact that the gland mischief extends locally, and that one gland can infect its neighbor by means of the lymphatic vessels that connect them. This I have elsewhere demonstrated microscopically. I fully agree with Dr. Allbutt as to the treatment of certain of these glands by operation. The treatment by excision is applicable to only a few cases—to glands that are few in number and not yet adherent. The treatment by scooping out the contents of the gland has been extensively tried in London, but is apt to lead to some undermining of the skin and troublesome sinuses. The treatment I would advise is that by the actual cautery. The point of a thermo-cautery is thrust into the middle of the gland in one or more directions. Through the sinus thus established the degenerate matter of the gland is gradually discharged. I have practiced this method in some twenty cases with very good results.

Use of Nitro-glycerin in the Treatment of Heart-disease.—W. E. Green, M.R.C.S., Isle of Wight, writes in Practitioner:

I use a one-per-cent solution in spirits of wine. One minim is the usual dose to commence with, but in some cases even less may be given with advantage, taken in water or one drop placed on the tongue. The solution is almost tasteless, but within three minutes after taking it begins to exert its peculiar physiological properties. The face flushes, the temples throb, the pulse becomes dicrotic and much quickened; in some cases the head aches most violently, in

others only a sense of fullness and pain across the forehead is experienced, which lessens with each recurring dose, until ultimately no unpleasant effect, but simply a warming sensation all over the body, is produced.

Nausea or even sickness is often caused by the earlier doses. The quantity may be gradually increased until fifteen or twenty minims every four hours are given, but I have never found it necessary to administer such heroic doses. It is never wise to give more than one minim at first, for even this small quantity has produced most serious symptoms in certain individuals. The patient has fainted and has become almost collapsed, but I am not aware that it has ever been followed by a fatal result. In two cases I have found unpleasant symptoms to succeed a first dose, both cases occurring in hysterical women. The medicine in one case was taken without my being consulted; in the other I prescribed it for certain nervous symptoms. The physiological effect of nitro-glycerin continues from four to six or even eight hours, after which time it is often advisable to repeat it.

I have never found it produce unpleasant effects where its use was plainly indicated.

While useful in almost all cases of heart-disease, I believe it of the greatest benefit in, first, angina pectoris; and second, weak, dilated, and fatty heart. In angina it prevents an attack by keeping the blood-vessels in a constantly dilated condition.

In weak, dilated hearts it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do. As a rule, digitalis does not agree in these cases; but if thought necessary it may be given in conjunction with this drug. In several cases of dilated heart, with small, weak, quick pulse, I have seen the beats not only increased in power, but much reduced in frequency after taking nitro-glycerin for a few days. I have used this drug largely for two years, with increased appreciation of its value as a remedy for this class of cases.

The following abstract of cases will serve to illustrate the therapeutic effects of the drug:

Mrs. —, aged sixty, a spare, delicate, nervous woman, has frequently during the past three years had severe attacks of bronchitis, with neuralgic pains of an ill-defined character in the intercostal nerves, and with extensions of pain to the left shoulder; moreover, accompanied by a dread of something pending, though she could not define its nature. The heart, though weak in action, was sound, although palpitations occurred after the slightest exertion.

November 11, 1879, she had a most severe attack of angina pectoris. Nitrite of amyl was used and hypodermic morphia given, which freed the patient of her attack and quickly induced a sound sleep. Slept seven hours and feels better, but dreads the approach of night and another attack, thinking she could not possibly survive it. Examination of the heart shows a soft mitral systolic murmur. One-minim doses of solution of nitro-glycerin are ordered three times a day with considerable relief, but it was difficult to get the patient to take the remedy regularly on account of the unpleasant headache it caused. Patient was so nervous and dreaded so much the recurrence of another attack that she went far toward producing slight attacks upon the succeeding nights. She was therefore ordered a draught of chloral and hyoscyamus at bedtime, and got a night of sound sleep. She improved rapidly for some days, but on exerting herself on one occasion had her most serious attack. The previous treatment relieved her. Nitro-glycerin continued, being increased to one minim and a quarter every four hours. The patient steadily improved, and gradually lost her dread of an impending attack. For a month a night-dose of nitro-glycerin was given. Then she took daily two doses of nitro-glycerin combined with cinchona and Virginian prune, with most gratifying results. Is feeling better than she has done for some years. From being spare, has become stout, and the mitral bruit has entirely disappeared.

A thin, spare woman, aged seventy-five, suffers from attacks of angina pectoris. March, 1880, had a severe attack. Nitro-glycerin prescribed; result, almost immediate relief to the symptoms and a sound night's rest. Patient has continued to take a mixture containing nitro-glycerin, cinchona, and Virginian prune, and there has been an entire immunity from attacks. The mixture is not taken every day; but whenever any premonitory symptoms are felt and an attack recognized to be imminent, recourse is had to it with immediate advantage. This patient, who before was in a constant suspense and misery at the anticipation of an attack, has never since required my professional services, and leads a life of comfort and happiness, having no longer any dread of her old enemy. December 22, 1881, continues in capital health, takes medicine regularly, and has gained flesh.

E., aged seventy, came under my care two years ago, subject to occasional faintings, which evidently arose from the condition of his heart. It was one of those rare cases in which the heart's action was very slow; it was, in fact, only beating at the rate of thirty-four per minute. The heart's sounds were in every respect normal, and also

the area of dullness. The patient told me that for some years he had been subject to these fainting attacks, which occurred without any warning. He was recommended to carry nitrite of amyl continually with him, in case a fainting attack should occur. One cold morning in December, 1879, I was summoned, and found him lying on the floor and perfectly insensible. Nitrite of amyl had been administered. I immediately gave a larger quantity, but with no effect other than to show that he was still living. I administered one minim of nitro-glycerin in a little water, and in five minutes the flush returned to the cheeks, consciousness followed, and he began to ask questions concerning the attack. The result of this attack was to greatly strain the mitral valves, and a loud systolic bruit exists to this day. The pulse continues the same, but is much softer in character than before. There has been only one slight attack of fainting since. The convalescence was tedious, but appeared to be helped by digitalin and nitro-glycerin.

D., aged eleven, has suffered from rheumatic fever twice, and is now in a very debilitated condition. A low mitral systolic murmur exists. January 3, 1881, after playing out of doors in a very bleak wind, was suddenly seized at bedtime with acute dyspnea. Dr. B. saw the patient immediately, and found acute congestion of both lungs, rapid breathing, purple lips, and pale cheeks; pulse so rapid as to be uncountable, and both lungs engorged with blood. One minim of nitro-glycerin was at once given, with its usual effect of dilating the blood-vessels and flushing the face, and giving relief to the apoplectic condition of the lungs, with slower action of the heart. An hour afterward a milligram of digitalin was given, which still further improved the power of the heart, and the patient gradually recovered. The nitro-glycerin was given every four hours, combined with tincture of digitalis, and the patient made a satisfactory recovery.

In this new agent we have a very powerful measure in diseases of the heart. It is a remedy which is not only palliative, but in many cases actually curative.

NUTRIENT SUPPOSITORIES.—Mr. H. E. Spencer, L.R.C.P.E., communicates the following to the Practitioner:

Artificially-digested meat is mixed with a little wax and starch, and made into a suppository. The practical difficulties of the process were successfully overcome by Mr. Frank Slinger, of the firm of Slinger & Son, of this city (York).

These suppositories are of such a size that the digested and extracted product of twenty ounces of meat from which the insoluble

matter is removed is contained in about five suppositories. The convenience of this method is very great. It is easy for most patients to introduce them themselves, and their use is attended with no discomfort whatever in the majority of cases. After an hour or two the waxy basis is frequently returned, the peptone and extractive being absorbed. In some few cases, owing to irritability of the rectum, the whole suppository has returned; but this can be obviated by the addition of a little opium to each suppository.

I have had excellent results in the use of nutrient suppositories in cases of gastric ulcer, stopping all food by the mouth for a fortnight or so, and ordering the patients to insert a suppository every four hours. Great relief was obtained by the same means in a case of cirrhosis of the liver where gastric irritation was a prominent symptom. Several gentlemen have communicated to me notes of cases where equally good results were obtained. Mr. Spurgin, of Maryport, was enabled to prolong the life of an old lady suffering from gastric carcinoma for some weeks after she appeared to be sinking. An immediate improvement took place as regarded the pain, sickness, and prostration, and the patient was enabled to sit up and make her will. Mr. McGill, of Leeds, reports two cases of gastrostomy in the Lancet of December 3d, in which he found the suppositories of the utmost value. Mr. Weekes, of York, has now under his care a case of gastric ulcer in which they have been retained after carefully-administered enemata had returned. It is true that the amount of food administrable in this way is very small, but every practitioner who has had cases of obstinate vomiting under his care knows how minute a quantity of nutriment will "keep body and soul together" for several weeks or months.

THE CAUSES, SYMPTOMS, AND TREATMENT OF TETANUS.—In a clinical lecture on this subject delivered by Mr. L. H. Ormsby, F.R.C.S., Lecturer on Clinical Surgery at Meath Hospital, Dublin, the teacher said:

The subject is surrounded with a great deal of difficulty and perplexity, for, as is well known, the disease baffles every mode of practice; and in some cases they get well under the employment of the very same remedies that proved so useless in similar cases of the disease. One plan has occasionally succeeded and the same plan in other hands has just as often been perfectly useless. The great difficulty, therefore, is to ascertain among numerous lauded accounts what is, on the whole, the plan most likely to be followed by the least ill

success, for you find in medical journals and other scientific periodicals that a case of tetanus was cured by adopting a certain remedy or other line of treatment. One case, I may observe, is not sufficient to prove the undoubted efficacy of this or that line of treatment. I do believe that, like some other diseases, there are in tetanus cases that will recover and there are cases that will not recover, no matter what is done; and we might therefore divide such cases into *ill-doing* and *well-doing*. Another point about this question which ought not to be lost sight of is, suppose a number of remedies are administered, individually or collectively, in a given case of acute traumatic tetanus, coupled with various forms of local treatment, and that case fortunately recovers, is it rational reasoning to suppose that one remedy alone out of the number used, or one line of treatment alone, deserves the whole credit of curing the case? I do not think it at all likely that if constitutional treatment was altogether omitted, and we depended on local treatment alone, that there would be the slightest hope for the patient's ultimate recovery.

The treatment of tetanus may be divided into local and constitutional.

Local Treatment. The part should be carefully cleansed from all impure or foreign matter, the wound poulticed with linseed meal well saturated with laudanum, and the dressing changed three times a day. Mr. Liston recommends the surgeon to cut down on the part above the injury by a Λ-shaped incision, cutting it off or isolating the injured part so as to intercept the nervous current to the cord.

Professor Fayrer relates a case of tetanus caused by a wound in the hand and relieved by section of the median nerve above the injury.

Amputation was strongly recommended by Larrey in certain cases. It is recorded that Rey amputated a leg on account of tetanus which had appeared six days after an unreduced dislocation of the astragalus. The symptoms disappeared at once after the operation. On dissecting the foot the posterior tibial nerve was found to have been put violently on the stretch by the projecting astragalus.

Nerve-stretching. This line of local treatment has been adopted, by way of experiment, in certain cases by Esmarch and Nasbour, but the results of this mode of treatment have been most discouraging and do not justify a repetition of the experiment. It has been alleged that cases have recovered under this line of treatment, but it is most likely that the cases where it was adopted were not those affected with true tetanus at all, or else the result followed from the administration

of constitutional remedies, and that nerve-stretching neither did harm nor good in the case. It certainly seems contrary to all physiological reasoning to understand how nerve-stretching could affect the spinal cord or nerves injured except to irritate them still more and increase the severity of the disease.

Constitutional Treatment. Very many remedies have been recommended from time to time, among which may be mentioned Indian hemp, chloroform, ether, opium, tobacco, quinine, aconite, stimulants, mercury, bleeding, cold effusion, ice-bags, purgatives, turpentine, belladonna, atropine, curara, calabar bean, conium, chloral, alcohol, bromide of potassium, counter-irritants, and morphia. In a very practical analysis, by Dr. D. W. Yandell, of Louisville,* of a number of cases of tetanus treated by the various remedies above mentioned, he comes to the following conclusions: "Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury. That when the symptoms last fourteen days recovery is the rule and death the exception, apparently independent of the treatment. That chloroform up to this time has yielded the largest percentage of cures in acute tetanus. That the true test of a remedy for tetanus is its influence on the history of the disease. Does it cure cases in which the disease has set in previous to the ninth day? Does it fail in cases whose duration exceeds fourteen days? And that no agent tried by these tests has yet established its claims as a true remedy for tetanus."

Hammond mentioned three successful cases of traumatic tetanus, all treated by canabis indica and the persistent application of ice to the spine. The first case ensued two weeks after a wound of the foot by a nail. The second made its appearance nine days after the injury, which was caused by an ice-pick being accidentally thrust through the hand. The third case was that of injury to the thumb with a splinter. The first evidence of the tetanus appeared on the twelfth day. The disease set in with violent spasms and opisthotonos was well marked.

Hammond also states as his opinion that whatever internal medication be adopted the application of ice to the spine is a measure which should always form a feature in the treatment.

The remedies and plans enumerated, I think, may be placed under either of four practical heads, viz. the *purgative* plan, the *sedative*, the *antidotal*, and the *counter-irritant*. If purgatives are given, the best are croton oil, turpentine, or castor oil—two drops of the first named,

*American Practitioner, September, 1870, p. 152.

with or without an enema; of castor oil and turpentine, ℥j. of each administered. The sedative treatment consists chiefly in the use of the cold douche applied to the whole of the body, or Chapman's ice-bag applied along the spine and the internal administration of opium, tobacco, conium, henbane, or Indian hemp. Such doses of these drugs should be given until the patient has been brought fully under their influence and such should be administered in a fluid form if possible. The antidotal plan has much to recommend it and consists in the exhibition of medicines whose effects act antagonistically to the effects of tetanus and thereby diminish the function of the spinal cord in such a way as to either allay or prevent the muscular spasm. Alcohol, aconite, strychnia, and tobacco may have such an effect, and cases suitable for such a line of treatment may frequently present themselves. The counter-irritant plan consists in the application of blisters along the whole length of the spine and the use of electricity. I mention this plan as it has been enumerated among various lines of reatment, but I place no confidence in it.

I myself believe that prevention is better in this disease than cure. If a case presented itself to me where there was an injury that I reasonably suspected tetanus might follow or was known to follow, I would at once put the patient on a preventive line of treatment. I would attend to the state of the wound or injury and give one ounce three times a day of a mixture containing—

℞ Bromidi potassium, ... ℥ij;
Glycerin, ... ℥ij;
Aqua camph., ... ℥j. M.

I would also administer the *anti-tetanic pill*—

℞ Calomel, ... gr. xij;
Pulv. ipecac, ... gr. xij;
Pulv. antimonialis, ... gr. xij;
P. Opii, ... gr. iij;
Extract aloes, ... gr. xxiv.

M. Divide in twelve pills; one pill three times a day.

After this treatment had been continued for at least a fortnight and nothing unusual had occurred, I should stop it.

When a *bona fide* case of tetanus presented itself to me, I would carry out the following *régime* and place more dependence on it than any other plan I have seen adopted: First, I would clear out the bowels with a good turpentine enema; place the patient in a darkened room, with carpeted floor, free from all noise or currents of air;

apply Chapman's ice-bag to the spine. When the spasms come on administer chloroform to anesthesia and also administer it from time to time before the spasms come on. I would also give extract of Indian hemp in doses of half a grain every two hours.

In addition I would administer a moderate quantity of stimulants and beef tea, and if these could not be taken by the mouth I should give them by the rectum. With perfect rest, quietness, and freedom from currents of air the sufferer is placed in the best position to withstand the exhaustion which takes place in the chronic form of the disease.

Sir Thomas Watson remarks, "In all cases, there being no special indication to the contrary, I should be more disposed to administer wine in large quantities and nourishment than any particular drug."

Where the teeth are firmly clenched it has been recommended to have one or more pulled out so as to make a space for the nozzle of a feeding-cup. Also where spasm of the glottis is supposed to be the real cause of death, tracheotomy has been recommended to be performed in order to anticipate such a termination. Perroud, of Lyons, has employed successfully the application of ether spray to the spine. Demarquay has used the hot-air bath. Dr. J. Thompson Hague has reported some successful cases treated by hypodermic injection, at repeated intervals, of calabar bean. E. Watson, of Glasgow, and Fraser, of Edinburgh, use calabar bean in one-grain doses, or five drops of the tincture.

From what has been said it is clearly evident that in the present state of our knowledge there is no one remedy or plan on which we can rely for the cure of tetanus, and that far more hope may be entertained in using remedies to rather prevent its recurrence than the possibility of staying its progress where the disease has actually set in.

On the Early Treatment of Prostatic Obstruction.—In a paper read before the Medical Society of London, March 13, 1882, Mr. Reginald Harrison, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, said:

It may be generally stated that of males who have passed fifty-five years of age, about one third sooner or later have enlargement of the prostate. Of these about one half suffer therefrom, though so long as micturition is efficiently and painlessly performed there are seldom grounds for complaint.

It is exceedingly interesting, as indicating how relief may be afforded, to analyze the cases where the prostate is large but does not obstruct. There are at least two conditions explanatory of non-interference with micturition under these circumstances.

First, where the hypertrophy is toward the rectum and the relations of the prostatic urethra are not altered; and second, where the hypertrophied gland is lobulated and channels are left between the masses along which urine flows without interruption. A careful consideration of these conditions has suggested that they are capable of artificial production to a useful extent.

The teaching of the present day is, however, to the effect that mechanical treatment is not to be employed until either retention occurs or the bladder becomes inflamed; then such means may be resorted to. It was asked why the same treatment should not be applied as in the case of urethral stricture. The objection generally advanced is that irritation will be produced. It was urged that there was no evidence in support of this objection. On the contrary, the prostate was about the most long-suffering organ in the body, and though it was subjected to a great variety of mechanical expedients in lithotomy and other operations, it rarely became inflamed. It might just as well be said that because strictures were found occasionally to be exceedingly irritable, treatment was to be postponed until retention of urine or cystitis was provoked. But if intolerance to early mechanical treatment were proved, it was only postponing the day until the necessity was greater and the difficulty more apparent. If there was danger of irritating the prostate it was none the less because its size was larger.

With the view of obtaining similar conditions to those occurring naturally in large prostates, where there is no interference with micturition, a mode of treatment with specially-adapted bougies was described. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument.

As a rule, if dilatation is not too rapidly proceeded with, no irritation is aroused. On the contrary, greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied.

In a few persons it became necessary to establish a state of instrumental toleration, the frequency for doing this, as a rule, depending

more on the manipulator than on the instrument. In some individuals intolerance of urethral interference was entirely due to the condition of the urine. Such sensitiveness had been traced to the presence of uric acid in unnatural quantities and form. On the correction of this patients previously intolerant of instruments were found capable of undergoing the necessary mechanical treatment with the greatest advantage.

In advocating the early treatment of prostatic obstruction by the means referred to, the author had already had sufficient proof of its efficacy. He had demonstrated that the regular use of the dilators was capable of so molding the enlargement as to prevent obstruction. Cases were under observation where the symptoms indicated that an impediment to micturition was commencing to form. Such patients in this way regained the power they were beginning to lose. In bringing forward his views on the subject Mr. Harrison did so with the feeling that little had been yet done toward preventing the progressive development of a condition which was often followed by very distressing and sometimes embarrassing results—results which we knew of and stood by to palliate, though we had hitherto been helpless in preventing them.

MODIFIED LISTERISM.—Mr. Robert Hamilton, of Liverpool, read a paper on this subject, of which the following is an abstract:

The vexed question of the antiseptic treatment in surgery has certainly entered upon a new phase when we find one of the most recent writers on the subject (Dr. Bantock) endeavoring, under the name of "Modified Listerism," to show that the antiseptic may be altogether abstracted, and the spray of water will still as fully carry out the object in view, namely, the prevention of any germs entering or acting upon the exposed surface.

The plan which I have tried lately, and which will appear in the two cases to be shortly related, may be said to be another modification of Listerism, because while recognizing the soundness of the principle for which Lister contends, I adopt a different plan to carry it out. Being firmly persuaded of the more than negative properties possessed by many of the balsams in the curative process, I have given special attention to one—the balsam of copaiva—and in the success attending its use recognize that it is more than a germicide. It takes an active part in the reparative process, as these cases will show.

A young man got an extensive injury to the elbow-joint—a large, lacerated wound, with great destruction of soft parts, the outer condyle and the head of the radius broken off, and the joint fully exposed—a case which, but for the main artery being intact, would have called for immediate amputation. Into the large wound, without previous washing, I poured freely balsam of copaiva so that it might penetrate to every part; then covered the wound with a piece of lint sodden with the copaiva; over this a dry piece of lint. The limb was then placed on a bent splint, to which it was lightly secured at the hand and upper arm, the elbow having no further coverings. The layer of dry lint was removed every night and morning under the spray, and more copaiva poured upon the under layer of lint. The latter was replaced antiseptically by a fresh piece thoroughly soaked every day. No suppuration occurred. Pulse and temperature rose but slightly for the first week, and after that were normal. The destroyed skin with its subjacent tissue shriveled and came away in shreds on the lint each time it was removed. At the end of three weeks the deeper parts were all knit together and agglutinated, a mere surface-wound from loss of skin being left, which has since completely healed over, being apparently greatly assisted in the process by grafting. He has now recovered a useful movable joint.

The next case was one of almost equal severity—an extensive lacerated wound of hand and wrist, with compound fracture of three metacarpal bones, through the hand being caught in cog-wheels. The same treatment was followed here under the spray with equally good result, not the least suppuration, and complete recovery of the use of the hand. I ought to add that at the first three dressings of these wounds only was copaiva poured *into* them.

THE TREATMENT OF GUNSHOT-WOUNDS OF THE ABDOMEN IN RELATION TO MODERN PERITONEAL SURGERY.—From a series of admirable papers on this subject, written by our eminent *confrère* J. Marion Sims, M.D., LL.D., etc., for the British Medical Journal, we take the following:

The latest expression of opinion on this subject comes from Surgeon-general Longmore, who says, "As to gunshot-wounds of the abdomen, I have little doubt that it will be found, whenever another great war gives the opportunity, that the revolution which has taken place in abdominal surgery in civil practice, especially with the additional advantages of the antiseptic mode of treatment, will equally

show itself in military practice in penetrating gunshot-wounds of the same bodily region. In any such war as occurred in France in 1870-1871, where in numerous instances there were opportunities of speedily treating the wounded in regular hospitals or permanent buildings in towns or villages, I feel assured that lives will be occasionally saved after complicated penetrating abdominal wounds, including cases of wounds of intestines, of lodgement of projectiles in the peritoneal cavity, and of hemorrhage from mesenteric or other vessels, which hitherto have been left to die unaided by operative proceedings." (Letter to Sir William MacCormac, January 15, 1882.)

Otis says of shot-wounds of the small intestines, "I have shown that in wounds of the small intestines of any magnitude the pathological evidence of recoveries achieved by the unaided effort of nature, even through the establishment of a preternatural anus, is limited to a very few instances, of which none are absolutely unequivocal. Therefore, in wounds of this viscus, unattended by protrusion, when there is danger of extravasation, the external wound should be enlarged and the wound in the intestine closed by suture."

Dr. J. S. Billings says, in a letter to Otis, "In regard to penetrating wounds of the abdomen where there is reason to suspect intestinal injury, it appears to me to be proper to enlarge the opening if necessary to ascertain the nature and amount of injury, to remove foreign bodies and extravasated matter, to employ sutures or ligatures where needed, and to cut these short and return the injured viscera. Especial care should be taken to prevent even the smallest particle of fecal matter from escaping into the peritoneal cavity and to remove such as may escape. Ordinary fecal matter contains immense numbers of microzymes, or minute organisms known as bacteria, monads, micrococci, etc., which, if not the direct cause of putrefaction, as seems probable, are at all events closely connected with that process."

Professor Hunter McGuire expresses himself thus: "Penetrating wounds of the belly are nearly all fatal, and we must look for some other means of saving life than we now have. If the shock, thermometer, etc., indicate wound of the bowel, cut down and sew it up. You say this is desperate. I answer, the cases justify it. We must do something more than give opium and use ice poultices."

Dr. H. S. Hewitt says, "It is next to an impossibility, when a soldier is wounded in the abdomen, with lesion of the intestines, that their contents should not escape into the peritoneal cavity. I think it admits of question whether greater effort should not be made to seek out the wound, to close it by silver wire, and to endeavor to ob-

tain primary union while peritonitis and constitutional disturbance are treated on general principles."

Professor N. S. Lincoln declares that "in punctured and incised wounds, when there is adequately strong presumptive evidence of intestinal lesion, though there may be no protrusion, it is the surgeon's duty to enlarge the parietal wound, to seek for the wounded intestine, and to close the orifice, if it exceeds three lines, by suture. That in shot-wounds of the intestine, unattended by protrusion, unless the perforation may be in the iliac region, with a reasonable likelihood of implicating the part of the large intestine uncovered by peritoneum, and thereby avoiding the risk of intraperitoneal extravasation, it is the safest course to enlarge the track of the ball and to close the intestinal wound by suture."

Professor Gross, the highest surgical authority in our country, says in the last edition of his System of Surgery (1872, Vol. III, p. 667), "It is still a mooted question as to what should be done when the wounded bowel does not protrude at the opening in the wall of the abdomen. When we reflect on the fact that in all lesions of this kind the great danger is from fecal effusion and that such effusion is almost inevitable even when the opening of the intestine is of very small extent, the duty of the surgeon, I think, plainly is *to enlarge the abdominal orifice, to seek for the wounded tube, and to sew up the cut in the usual manner.*" Our great master in surgery, Professor Gross, here in a few words lays down the rule which should invariably guide our action hereafter in all wounds of the alimentary canal, however made.

Thus we see that there were mutterings of discontent among surgeons long before our great war, which, since the war, have become more outspoken and positive in demands for reform in the treatment of intestinal wounds. Look at the history of military surgery from its earliest days to the present moment and what has it ever done for lesions of the abdominal viscera? Absolutely nothing, if we except a few cases of punctured and incised knuckles of intestine, which, having protruded through the outer wound, were sutured and returned to the cavity of the abdomen. But if we profit by the teachings of ovariotomy and ovariotomists we shall soon wipe out this reproach. Heretofore, when a man was shot or stabbed in the abdomen we laid him down, gave opium to arrest pain and peristalsis, and applied "simple dressings," waiting and hoping for it to result in a fecal fistula. And how rarely did nature gratify our wishes except when the lower ends of the colon and rectum were wounded! But all this must be changed. In the treatment of perforating shot and other

wounds of the abdomen, we should strictly observe the following rules:

1. The external wound or wounds should be enlarged as soon as possible and sufficiently to ascertain the whole extent of the injuries inflicted.

2. These should be remedied by suturing wounded intestines and ligaturing bleeding vessels.

3. Diligent search should be made for extravasated matter and the peritoneal cavity should be thoroughly cleared of all foreign substances, whether fecal or bloody, before closing the external opening.

4. The surgeon must judge whether the case requires drainage or not. Generally it will not if these rules be strictly carried out. We must not forget that fecal effusion has taken place after intestinal wounds have been sutured simply because the surgeon failed to find and suture all the lesions. And we must not forget that fatal results have followed enterorrhaphy when thoroughly done simply because fecal effusion had taken place before the intestine was sutured and had been left in the peritoneal cavity, producing death as speedily and as certainly as if the lesion had not been found and closed. Therefore it is essential not only to find all lesions and remedy them, but to be sure that we leave the whole cavity of the peritoneum perfectly clean.

These principles are the foundation of success in all other operations involving the peritoneum, and they must be equally successful when applied to shot and other wounds of the intestinal canal.

Dr. N. S. Lincoln advises to enlarge the external wound and search for the injured bowel and suture it, "unless the perforation may be in the iliac region," where it may possibly be followed by fecal fistula and spontaneous cure. But it would be unwise to make exceptions of this sort. We should trust nothing to chance. For we must remember that of eighty-nine shot-wounds of the large intestines, thirty, or 33 per cent, died; of one hundred and eighty-three of the bladder, ninety-six, or 52.5 per cent, died; and of one hundred and three of the rectum, forty-four, or 42.7 per cent, died. Now, if we should not interfere with pelvic and iliac wounds, the above figures prove conclusively that we would jeopardize from 33 to 52 per cent of all lives with such wounds. I would therefore insist on leaving nothing to luck, but to explore and suture all intestinal and bladder-wounds alike under all circumstances.

There is a time for all things and a fitness of time for all new departures from old customs. From preceding quotations it is seen tha-

there has been a latent but growing sentiment among surgeons for many years that, sooner or later, a new system would be adopted in the treatment of intestinal wounds. But there has never been a time till now when such a course could be wholly justified, and now it can be done alone by showing the positive success that invariably attends all operations in peritoneal surgery. Besides this there has never been a more opportune moment for pressing this question on the attention of the profession. For we have all suddenly become intensely interested in the subject of gun-shot wounds. The death of the beloved President Garfield by the assassin's bullet sent a thrill of horror through the whole country and throughout the civilized world and excited such sympathy in every grade of life as to make us all of one family and one feeling. Soon after the shooting I was often called on in Paris for an opinion as to the probabilities of the president's recovery, and as he did not die in three days I knew that the ball had not penetrated the peritoneal cavity and I gave my friends assurances of his ultimate recovery. In the early days, when despair pervaded all minds, I was interviewed and my statements were telegraphed home. A few weeks afterward I was informed that they produced among medical men great surprise and severely adverse criticism. When I heard of this I determined at once to lay the subject broadly before the whole profession, leaving them to decide the question at issue.

Feeling that I have now done my duty, I seize this occasion to repeat what I said in Paris to the friend who sent the telegram to New York. I said, "If the president had recovered from shock and if there was undoubted evidence that the ball had traversed the peritoneal cavity, his only safety was in opening the abdomen, clearing out the peritoneal cavity, tying bleeding vessels, suturing wounded intestines, and treating the case as we would after ovariotomy, using drainage or not as circumstances required." This is what I said then; this is what I say now, and what I am able to defend on the broad principles already so well established in peritoneal surgery.

Do we not now every day fearlessly and with the utmost safety open the peritoneal cavity and remove ovarian tumors and uterine fibroids, cut out kidneys and spleens, attack the liver in its fastnesses, unroll the convoluted obstructed intestine, exsect the pylorus, incise the stomach for foreign bodies and for nutrition, search out and evacuate hidden receptacles of pus, and remove Fallopian pregnancies, bringing back to life individuals who, but for these brilliant and successful achievements, would all have found early graves? And shall

we stand idly by and see any man, whether he be president or peasant, certainly die with a shot through his intestines without an effort to save life when it is so certain and so easy to do it on the principles now well understood and successfully practiced every day? Fortunately for the president, the ball did not traverse the peritoneal cavity and hence his escape from a rapid death and hence the uselessness of my telegram.

Finally, I have the deepest conviction that there is no more danger of a man's dying of a gunshot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariotomy properly performed. Ovarian tumors were invariably fatal till McDowell demonstrated the manner of cure, which has now reached such perfection that we cure from 90 to 97 per cent of all cases. And by the application of the same principles that guide us in ovariotomy to the treatment of shot-wounds penetrating the abdominal cavity, there is every certainty of attaining the same success in these that we boast of in ovariotomy.

If the facts now presented to you on this question be accepted as such, then I think we may logically draw the following conclusions:

1. Wounds of the peritoneal cavity, however made, have a common course to run.

2. They have a common termination; that is, in death by septicemia.

3. This is the general law in death from ovariotomy.

4. It is the general law in death from gunshot and other wounds of the peritoneal cavity.

5. Septicemia in these cases is the result of the absorption of a bloody serum and other effusions found in the peritoneal cavity after wounds or operations.

6. Gunshot wounds of the pelvic cavity recover because of natural drainage by the track of the ball carrying off poisonous effusions and bloody serum.

7. Gunshot wounds of the abdominal cavity die because there is no natural drainage and the poisonous effusions and bloody fluid fall into the pelvic cavity and are there absorbed, producing septicemia and death.

8. To evacuate this bloody fluid and other foreign effusions it is necessary to enlarge the abdominal wound, to clear out the peritoneal cavity, to suture wounded intestines, and tie bleeding vessels, using drainage or not, according to circumstances.

9. If this operation be well done, there will hardly be need of drainage.

ON THE USE OF MERCURY AND OTHER REMEDIES IN THE TREATMENT OF SYPHILIS.—George Henry Fox, M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, recently read a paper before the Materia Medica Society on this subject.

I shall commence with mercury, and for convenience of discussion will state my views in the form of propositions.

I. *In the Medicinal Treatment of Syphilis, Mercury is undoubtedly our most valuable remedy.* The beneficial results which follow the judicious employment of this drug are such as to convince any unprejudiced observer as to its eminent virtue.

II. *Mercury is an overrated remedy.* The fact that a remedy will do much is no indication that it will accomplish every thing that may be desired of it. Mercury will lessen the manifestations and shorten the course of syphilis in most cases, but it will not always produce a speedy and beneficial effect. Some of the worst cases of syphilis which I have observed in my practice have occurred in patients to whom I gave mercury persistently for one or two years, and I must admit that in these cases I have fallen into the prevalent error of overestimating the curative action of the drug. If the profession generally were more strongly impressed with the great value of hygienic and tonic measures in the treatment of syphilis, and were less inclined to confide solely in the specific action of mercury, I am convinced that their patients would receive a far greater amount of benefit. We all know that remedial agents of little or no power often acquire a fictitious value by reason of the fact that patients improve during their administration. This *post-hoc* fallacy is rarely thought of in connection with the administration of mercury in syphilis, because we know that the drug is not inert, and have ample proof that it can and does accomplish a great deal; but it is well to bear in mind that the improvement which takes place in our syphilitic patients when treated *secundum artem* is not wholly the effect of the mercury which has been administered, but is due in great part to the existence of a natural *vis medicatrix*.

III. *Mercury is not essential to the cure of Syphilis.* This disease is one which, like the other exanthematous affections, tends to run its course. It may be severe, and in rare instances it terminates fatally. But in the majority of cases of the acquired form it is a far less malignant disease than it is commonly supposed to be, and, when the patient is of sound constitution and the infection is not of unusual virulence,

it usually runs its course without producing any permanent damage to the health of the patient. I have treated for two or more years without mercury several patients who expressed an objection to the use of the drug, and I must say that they apparently did as well as other patients treated in the usual manner. Some will claim that these patients will be very liable to suffer from severe lesions in later years, but of this I have strong doubts. Indeed, I have seen so many hale men of advanced years who have certainly had syphilis in their younger days and received no specific treatment, that I can not believe that a cure of the disease is dependent upon the use of mercury.

IV. *The Internal Administration of Mercury is preferable to Inunction, Vapor Baths, or Hypodermic Injection.* I am decidedly in favor of the use of mercurial ointments and lotions for the local treatment of cutaneous symptoms, but for the cure of the constitutional disease a somewhat extended trial of mercurial inunction has led me to abandon it as possessing many objectionable features and few advantages. It is but just for me to say that my experience with vapor baths and hypodermic injections has been very limited. The advantages which have been claimed for them, as also for inunction—viz. that they do not occasion irritation of the intestinal tract—are arguments in their favor to those who employ mercury internally in large doses; but they possess no advantages over the method of internal treatment which I shall presently recommend, and certainly can not claim the merit of simplicity.

V. *The amount of Mercury usually given to Syphilitic Patients is unnecessarily large.* At the present day it is considered the proper thing to give as much mercury as the patient can bear without showing symptoms of salivation, and, as nearly every writer on syphilis gives explicit directions for the treatment of salivation, it is a just inference that this undesirable effect of mercury is occasionally met with in their practice. While I admit that certain patients are far more liable to become salivated by mercury than others, and that in iritis and under certain other conditions it may be deemed advisable to "push" the remedy, I must assert my belief that in the vast majority of cases of syphilis the very best effects of mercury may be obtained by the employment of doses which will not involve the slightest danger of salivation.

I have no faith whatever in the administration of mercury in infinitesimal doses, but my experience has led me to the belief that a daily half grain or grain of blue mass, or the protoiodide of mercury in divided doses, will do quite as much if not more good than

the grain and a half or two grains daily which is the more common dosage.

VI. *In the Internal Use of Mercury its Local Irritant Effect should be avoided.* This can be accomplished by a reduction of the size of the dose, and its more frequent administration if necessary, and by the employment of milk-sugar triturations. Regarding the choice between metallic mercury and its numerous salts, I am not prepared to speak. My own preference is for the protoiodide, which, given in the form of a trituration and in the doses which I have commended, will rarely be found to occasion gastric or intestinal disturbance of any account. In the later stage of syphilis I have followed the custom of changing from a mercurous to a mercuric salt, from the green iodide to the red iodide, for example, but as the proto-salts are less irritant in their local action, I see no good reason why green iodide should not be continued throughout the course of the disease. In my own experience I have never observed any benefit result from a combination of various salts, as recommended by Bumstead, or by a frequent change from one preparation to another.

VII. *The Duration of Mercurial Treatment should vary according to the Severity of the Case.* There are cases of mild syphilis, and there are cases of severe syphilis, and, although I do not coincide with M. Diday in his opinion that mild syphilis does not demand mercurial treatment, I do protest against the common practice of treating all cases of syphilis upon a routine plan. We find many writers on syphilis laying down the absolute rule that the disease must be treated during a certain specified number of months or years, without even hinting that for various reasons one patient may not require as much treatment as another.

There are cases of syphilis which demand two years, three years, or perhaps five years of treatment, but it seems to me to be utterly unreasonable to fix a certain time as the duration of treatment for all cases. When the early symptoms of the disease are slight, and disappear speedily under treatment, I deem it quite unnecessary to continue the use of mercury for two or three years with an idea of thoroughly eradicating the disease and thus preventing subsequent manifestations. The late lesions of syphilis may and frequently do occur after a prolonged and thorough administration of mercury. I doubt if they are more likely to appear in those cases in which mercury is given merely with a view to removing the symptoms of the disease in its early stage.

My practice is to give mercury in every case during the existence

of any symptoms of the disease, whether it occurs early or late. In the early period I continue the use of mercury for six months after the last symptom has yielded, and I do this partly in deference to the opinion of eminent authority and the commonly-accepted teachings. I then stop the administration of the drug and await further developments. If symptoms reappear, I resort again to the use of mercury, and continue it this time for two or three months after their disappearance. In late syphilis I give mercury for the purpose of subduing any symptom which may occur, and stop its use as soon as I have accomplished this result.

Iodide of Potassium.—It is a prevalent belief among authoritative writers that iodide of potassium has no actual curative effect in the treatment of syphilis, but merely the power to cause the disappearance of certain symptoms, and, furthermore, that it has little or no value in the early stages of the disease; but I must express my belief that iodide of potassium, though inferior to mercury, has still a curative effect upon syphilis, and that in the early stage it is an invaluable therapeutic agent in the relief of certain symptoms. Mercury in secondary syphilis, and iodide of potassium in tertiary syphilis, is the teaching and practice of many physicians. For my part, I believe there is no stage of the disease when both remedies are not calculated to do good. In many cases of chancre characterized by a massive induration I give iodide of potassium, and apparently with the effect of reducing its size. In the stage of efflorescence I must admit that the drug has little or no effect upon the cutaneous manifestations. Still, if it be true, as has been claimed, that the administration of the drug causes an increase in the number of the blood corpuscles, it has the same claim as mercury to be ranked as a "tonic remedy." In one or two cases of extensive mucous patches, with ulceration of the lips and tongue, I have seen a rapid disappearance of the lesions follow the administration of iodide of potassium when mercury had been taken by the patient for several weeks with little or no effect. But it is in the cure of the cephalalgic and arthritic pains which are so commonly associated with the first outbreak of syphilis that iodide of potassium displays its remarkable power.

Of the great value of the drug in late syphilis I need not speak. Its power is often exerted in a most brilliant manner when its administration is preceded by a short mercurial course. I can recall cases of syphilitic orchitis in which the drug has seemed to have very little effect. Mercury has been substituted for it, and still no marked change has followed. But, upon resuming the iodide of potassium

after the mercury, the swelling of the testicle has lessened with surprising rapidity. The iodide is best prescribed, I think, in an aqueous solution, a minim representing a grain of the drug.

Iodide of potassium is a remedy which no patient ought to be compelled to take for any length of time. It does its work quickly or not at all, and when unnecessarily continued is sure to do harm. This is especially true in those cases in which immense doses are administered. It is undoubtedly true that a five-gram dose will sometimes accomplish a result when four grams will produce no effect, and even larger doses may sometimes be required; but for every case of syphilis which I have seen benefited by immense doses of the iodide, I have seen at least two cases in which the large doses have done harm.

I do not deny the value of large doses of the iodide of potassium in certain cases, but I protest against the continuance of such doses when nothing but harm results.

Iron is a remedy which, in the treatment of syphilis, is of very great value. Though rarely mentioned by syphilographers as being specially adapted to the treatment of this disease, it deserves, in my opinion, to be ranked with mercury and iodide of potassium. I will not claim for it the antidotal or directly curative effect which is usually ascribed to mercury, nor assert that it has any marked influence upon the outward symptoms of the disease; but its power to combat the anemia which is invariably present in the early stage of syphilis renders it a most invaluable adjunct to mercury. I usually prescribe it for patients presenting a chancre or initial lesion of syphilis and give it as a routine remedy during the period of efflorescence or so-called secondary syphilis. I believe that it not only elevates the tone of the system and thus renders it more capable of resisting the syphilitic attack, but that it also tends, in a slight degree at least, to lessen the probability of subsequent manifestations. In the weakened state of the system which is so often associated with late syphilis, the value of iron is too well known to require even a mention, but in the early stage of the disease its value appears to be unknown or unappreciated and I can not but lament the prevalent belief that in early syphilis the whole duty of the physician is simply to give mercury. The tincture of the chloride of iron is the remedy which I usually employ, and I would recommend it not only for its tonic effect but for its efficacy in counteracting the slight diarrhea which often results even from very small doses of mercury. A daily dose of ten or fifteen drops of the tincture will usually suffice to produce the latter result

and seems to me to be preferable to the common custom of combining an opiate with the mercurial.

Cod-liver oil is a remedy which is not unfrequently of service in the treatment of syphilis. When an individual with a decidedly strumous diathesis becomes infected with this disease, its symptoms are apt to be severe and prolonged and their amenability to the ordinary mercurial treatment is greatly lessened. Indeed in these scrofulo-syphilitic subjects the administration of mercury sometimes fails to produce a beneficial effect and if pushed to any extent is liable to do harm. The use of cod-liver oil, alone or in connection with iodine, is more likely to be productive of good results in these cases. It often prepares the patient for a systematic mercurial treatment, which would not be tolerated if employed at the very outset. In late syphilis, of an ulcerated type, I have repeatedly seen mercury fail to do good at first, while after the administration of the oil for a month or more it has accomplished all that could be expected from its use.

There are other remedies, of a vegetable nature, which have been and are still employed in the treatment of syphilis, and which, I have no doubt, possess positive curative powers, but of their use I am not prepared to speak at the present time.

In many of our cases an over-indulgence in alcoholic drinks and other habits of dissipation, improper food, and lack of out-door exercise, have produced a condition of mind and body which complicates the syphilis and for which mercury is not a specific. Teachers of medicine strive to impress upon the minds of pupils the necessity of treating the disease and not merely its symptom. Were I able, I would impress upon the mind of every physician the duty of treating the patient and not simply his disease. In the use of anti-syphilitic remedies I am certain that we shall achieve the best results if we do not become absorbed with the idea that we are treating a patient *with syphilis*, but bear constantly in mind the important fact that we are treating *a patient* with syphilis.

NOTES ON IODOFORM IN GYNECOLOGICAL PRACTICE.—Frank P. Foster, M.D., Physician for Diseases of Women to the Out-patient Department of the New York Hospital, published in the New York Medical Journal a very valuable paper on this subject, which we report. Our space obliges us to make extracts from rather than publish in full.

In dysmenorrhea I have occasionly used it as a palliative, in the form of rectal suppositories, and have known such use of the drug to

be followed by striking relief; but I have always found its action in that respect to be very transitory, and I think it can not be depended upon to control the pain in successive menstruations. I have applied it also in a number of cases of pruritus vulvæ, hyperesthesia of the vulvo-vaginal orifice, and inflammation of Bartholin's gland—in the form of an ointment (a dram of iodoform to an ounce of vaseline, sometimes with the addition of a dram of extract of belladonna); by insufflation of the powder (mixed with an equal amount of powdered acacia or starch); or as an ethereal solution, applied in the form of spray. In such cases I have often found it serviceable—more so, I am inclined to think, than any other single application that I have used. In true vaginisimus I have never used it. I have employed it as an anodyne, in the form of a rectal suppository, in a few cases of pelvic pain in which I was unable to discover any structural abnormality, and in cases in which physical exploration seemed unadvisable. Used under such circumstances, it has seemed to me far inferior to opium, but it often answers the purpose, and is free from the objectionable properties of opium.

In one case of oöphoralgia, after having secured considerable amelioration by the use of galvanism, I resorted to iodoform applied to the upper portion of the vagina. It seemed to maintain the advantage already gained, but its use was not followed by any greater relief. I have used iodoform in one case of endotrachelitis, applied within the cervical canal. In that instance the canal was very much enlarged, and a mesh smeared with a one-to-seven ointment of iodoform was passed into it and allowed to remain for twenty-four hours. This was done twice a week for several weeks, but no benefit resulted. In another case tincture of iodine was appiled to the cervical canal, and a coexisting retroversion was treated with digital replacement twice a week, followed by the application of a tampon smeared with the iodoform ointment, the iodoform being used, however, for no other purpose than as an antiseptic. The patient was cured in two months, but it is quite likely that the iodoform had little, if any thing, to do with the result.

I have notes of three cases of hyperplasia of the cervix in which iodoform was used. In one of them the cervix was very large and there was some eversion of the lips, not dependent upon laceration. Iodoform was used alternately with ergot. At the end of four months the cervix was notably reduced in size, and the eversion was less marked. In the second case the cervix was enlarged, but not to a very great degree; there was severe granular erosion of its face, with

profuse cervical leucorrhea. There was also retroversion, easily reducible, but the patient was unable to tolerate a pessary. For a period of six months various applications were made, including that of iodoform at times, with little, if any, benefit, and the patient ceased her attendance. Six months afterward she applied again, and for nine months tincture of iodine was applied to the cervical canal and iodoform tampons were inserted into the vagina. Marked relief of the symptoms, including profuse and painful menstruation, was attained, but recently a relapse has taken place, and she is now again under treatment. In the third case the cervical enlargement was very decided, the face of the cervix was eroded, and there was a moderate degree of retroversion. For ten months impure carbolic acid was applied to the erosion, iodoform tampons were inserted, and a pessary was worn by day, except the two days in each week when the vagina was occupied by the tampon. A complete cure was the result.

Thus far I have mentioned only cases in which I saw no reason to suspect the presence of inflammatory action or its results in the serous and cellular structures within the pelvis. Reasoning from these few cases, and from others of which my notes are too meager to warrant my calling your attention to them, I am inclined to place considerable confidence in iodoform as a discutient in cases of cervical hyperplasia, although I am not impressed with its superiority over other measures in common use. For the relief of catarrhal affections I regard it as almost useless.

He then passes to the consideration of those affections which, he is persuaded, are at the bottom of the great majority of cases of pelvic disease in women, namely, the various forms of chronic extra-uterine, non-visceral inflammation and its results. It is in these cases, that so often prove so exceedingly stubborn, that, as already stated, he chiefly used iodoform. He then arranges such cases as illustrate his experience in groups. The first group embraces cases in which inflammatory action was supposed to exist, or has existed, but in which the uterus was freely movable without pain; second group, cases in which the mobility of the uterus was but slightly, if at all, impaired, but in which motion of the organ was painful; third group, impaired mobility of the uterus, with little or no pain on moving it; fourth group, mobility of the uterus decidedly impaired, with pain on moving it; fifth group, uterus nearly or quite immovable, with little or

no pain on attempting to move it; sixth group, uterus nearly or quite fixed, with decided pain on attempting to move it; seventh group, cases of palpable inflammatory deposit.

The most prompt and satisfactory results were obtained in the last group of cases, those of palpable pelvic exudation. Such cases, however, do better, according to my experience, under the more usual methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory. But, while such is the case it is quite as true that we now and then meet with bulky exudations that prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the deposit is of recent or of remote formation; and this question it is not always easy to settle in the cases of patients of whose past history we know nothing beyond what we may be able to elicit by questioning them.

Taking the seven groups together, did these patients progress more satisfactorily, on the whole, than they would have done without the use of iodoform? It may seem to you that there are not sufficient grounds to assert positively that they did. It seems to me, nevertheless, that such was the case. It will readily be understood that, in comparing one's own experience in the use of a particular therapeutical measure with his previous experience in like cases without the use of the measure in question, his impression is necessarily founded in part upon data incapable of precise expression, and not alone upon what he finds himself able to put down in black and white. Such is doubtless the case with myself in this matter; but yet, putting that consideration aside, it seems to me that these cases, occurring, as most of them did, in an out-patient service, in women whose social condition for the most part forbade their availing themselves of the indulgence that we often feel to be so desirable in the matter of physical exertion and the like, did progress more favorably than would have been the case under the same circumstances without the use of iodoform.

It is true that in the great majority of them the use of vaginal injections of hot water was prescribed, a remedial measure that no one values more highly than I do; but it is no less a moral certainty that in many instances they were neglected by the patients. However, in every case in which they were ordered, I have taken it for granted, in relating the histories, that they were faithfully used. When, therefore, I state my impression that in this particular set of cases the use of iodoform was of more service than any of the other measures employed, I do not by any means wish to be understood as denying

the paramount value of hot water, provided there is a reasonable certainty of its being properly used. Such certainty being assured, I should esteem the three great remedies for chronic extra-uterine pelvic inflammation in the following order: 1. Hot water; 2. Iodoform; 3. Galvanism.

As to the best method of using iodoform in such cases, my preference is for its application to the upper part of the vagina and my practice is to tampon the whole vaginal canal with wicking in a manner described by me about a year and a half ago.* This prevents the application from being washed away with the discharge and the tampon is often of great service by its mechanical action—steadying the uterus, sometimes exerting a gentle, even distension upon the deposit and perhaps inducing muscular contraction. These tampons are almost always borne without pain or discomfort, and from the fact that iodoorm is an antiseptic they may be retained for several days. My custom is, however, to direct their removal at the end of thirty-six hours. Not the least of their merits is that they effectually shut in the abominable odor of the drug. Used in this way, I have never known iodoform to betray the patient by its odor, although its taste is sometimes complained of immediately, showing that the substance occasionally makes its way into the uterine canal or else is absorbed by the vagina more promptly than we are accustomed to expect in the case of medicaments introduced into that passage.

I have no doubt that more decided benefit would attend the use of iodoform by the rectum, but I have never yet been able to induce a patient to continue the use of rectal suppositories of the drug for any length of time. Those with whom I have attempted it have invariably declared that the odor was unbearable. I refer, of course, to its continued use for a length of time. For occasional use, as an anodyne; in acute cases, in which the patients are not likely to be asked embarrassing questions by strangers, and in which, as well as in cases of vulvar hyperesthesia, it is an object to avoid meddling with the genital canal; also with patients who can not have continuous treatment by the physician himself, the employment of rectal suppositories is a valuable resource.

Salicylate of Soda in the Treatment of Iritis.—Dr. Chisholm (*Cent. f. Prakt. Hugenheilk*) has given large doses of the above drug in cases of acute episcleritis, even in specific cases where mercury and iodide of potassium had not afforded

*N. Y. Med. Jour., June, 1880.

satisfactory results. He employed at the same time mydriatics. Salicylate of soda was administered every three hours, in doses of nine to twelve grams in the twenty-four hours, the dose diminishing as iritis showed signs of improvement.

Treatment of Pruritus Vulvæ.—Dr. Besnier has successfully treated a patient whose pruritus had previously resisted all other applications by using a diachylon ointment made according to the following formula:

℞ Ungt. diachyli simplic., ...
Olei olivæ, ... } āā eq. part.

Dr. Delaporte has also employed with success the following lotion in pruriginous affections:

Water, ...	300 grams;
Glycerin, ...	100 grams;
Cologne water, ...	75 grams;
Carbolate of soda, ...	2 grams.

These lotions should be repeated whenever the itching is severe, and especially at night before going to bed. The application should be cold, and be made with a fine sponge dipped in the lotion. (*Le Progrès Médical.*)

Notes and Queries.

SOME POINTS IN MEDICAL POLITICS.—In an oration before the Alumni Association of the University of Maryland, March 1, 1882 (Maryland Medical Journal), Prof. Roberts Bartholow, M.D., LL.D., said:

I confess I do not sympathize with those who would advance medical education by preventing those engaging in the study who have not had a scholastic training. From my point of view it would be doing a grievous wrong to exclude from the profession men capable of successful study. Much is said now of the duty of the colleges to enforce a preliminary examination. The time for the exercise of a just severity is at the examination for the doctorate. The medical college owes to the profession the duty of a rigid ascertainment of the candidate's fitness, medical, moral, and intellectual. Let every man who has the barest pretense of a claim to engage in medical study have the opportunity to demonstrate his powers. If he fail to prove his right to become a physician by a sufficient course of successful study, no merciful considerations should prevent the exercise of an inexorable justice.

Improvement in medical teaching, enlargement of the college curriculum, and a higher standard for the doctorate have furnished the material for numerous reports, essays, and speeches. On all sides the low condition of our medical teaching is deplored and the standard of our medical schools is unfavorably contrasted with European models. Much of this discussion is a wild declamation, more concerned for the effect it produces than for an exact statement of the facts. Our medical schools must be considered in relation to the state of American society, to the degree of general cultivation to which the people have attained, and to the condition of the medical profession.

In a new country, constructing society from the rudest elements, only the simplest attainments are possible. An uncouth and ignorant people would not appreciate, would not, indeed, understand a polished physician full of the culture of the schools. Prof. Charcot and Sir William Jenner, equipped with all the resources of scientific medicine,

would fail to please the people of Egypt, in Southern Illinois, when a botanical physician with lobelia and No. 6 would excite their enthusiastic admiration. The medical school must reflect the professional status, and the physician, necessarily, is an exponent of the society in which he exercises his art. Judged by these standards, our medical colleges are not less but more advanced than the educational institutions about them. It must be admitted, I think, that they are rather numerous. The practice of specialism exerts its baleful influence in this direction. The natural history of medical colleges is a curious phase of the medical profession. As in most States there is a general provision in the constitution or a general law under which corporations may be formed, medical colleges are organized with great facility and no limit can be placed on their number except that imposed by the needs and means of prospective incorporators. They would be still more numerous if the luxury of founding and administering them were not an expensive one. When a town has reached a certain amplitude and begins to assume metropolitan methods, a medical college, among other elegant necessities, is projected. A building, often a deserted warehouse, is obtained, a few skeletons, an electrical machine, and some chemicals are purchased, and the business of conducting a medical college is commenced. In the circular communicating to an expectant world the opening of the medical school, the metropolitan proportions of the city, its geographical position, the peculiar maladies of the region of which it is the center, and the distinguished merit of the gentlemen composing the faculty, are urged as the motives for founding another medical college. In the discussions and conferences among the principal physicians for deciding on the chairs to be occupied respectively, there is expended a vast amount of difficult negotiation. The adjustment of the claims of the several aspirants is most delicate, and when at last effected with infinite pains, the relations of the parties are so strained that any moment a violent rupture may occur. Usually, indeed, several explosions take place before any permanent arrangement can be effected, for some of the new professors are not satisfied that justice has been done by an adequate recognition of their respective claims.

In establishing a new school, the first in a considerable city, it is not possible to provide for all the aspirants, notwithstanding all the specialties are recognized. The gentlemen omitted, friends, associates, and neighbors of those selected, can not understand the reasons which induced the rejection of their claims; for they have claims, and very strong ones, for recognition. The result is they decide on the organi-

zation of another school of medicine, in which the remaining medical talent of the city will have suitable provision. This process of "recognizing claims" may go on to the formation of a third, even a fourth, medical school. They are no sooner organized than they begin a violent opposition; medical students are canvassed for as infant foods are sold by commercial travelers. A medical journal in the interest of the first college is established, and sometimes indeed the journal is founded first to prepare the way and to set forth the reasons for the organization of the medical school. If one journal appears, another must be established.

Many of the new colleges which have sprung up so abundantly over the country have really no right to exist. They are unprovided with the materials for teaching and the fees are insufficient to procure them. They have no hospitals or dispensaries to which they can resort for clinical instruction; the faculties are without reputation or experience; the building in which the college has its habitat is some temporary structure, little suited to the purpose. The lectures are mere recitals of text-books which the student could better read for himself.

These medical schools get into such desperate pecuniary straits that they must employ every possible expedient to obtain students. One hears of personal solicitations, of abject entreaties, of promises, of sending out drummers to intercept students on the trains and at hotels, of practices, in short, which seem to touch at the lowest point of degradation. The "advantages" of these institutions, beside their proximity to the homes of students, are the low fees or no fees at all, how high soever the nominal price, and the certainty that a diploma may be obtained on a minimum of attendance on lectures. Such institutions are indeed little more than "diploma-mills." These medical shops hurt our position before the public immensely. They unite with the reputable medical schools to form a national association of medical colleges. After a time they put on a severely virtuous air and are disposed to snub newer colleges organizing in their vicinity, stigmatizing them as unnecessary, crude, and inferior. Having thus acquired a quasi position and assuming a tone of lofty pretension, they carry on a traffic in medical diplomas, the profits of which enable them to maintain a baleful existence. The most beneficent reform which can now be undertaken is to close the doors of these institutions engaged in flooding the country with unqualified doctors.

NITRITE OF AMYL is said to be an effectual remedy in chordee and painful priapism, given in doses of three to five drops by inhalation.

Is THERE not a true pleasure in reading the accounts of great discoverers in their own words? I do not pretend to hoist up the Bibliotheca Anatomica of Mangetus and spread it on my table every day. I do not get out my great Albinus before every lecture on the muscles, nor disturb the majestic repose of Vesalius every time I speak of the bones he has so admirably described and figured. But it does please me to read the first descriptions of parts to which the names of their discoverers or those who have first described them have become so joined that not even modern science can part them; to listen to the talk of my old volume as Willis describes his circle, and Fallopius his aqueduct, and Varolius his bridge, and Eustachius his tube, and Monro his foramen—all so well known to us in the human body. It does please me to know the very words in which Winslow described the opening which bears his name, and Glisson his capsule, and De Graaf his vesicle. I am not content until I know in what language Harvey announced his discovery of the circulation, and how Spigelius made the liver his perpetual memorial, and Malpighi found a monument more enduring than brass in the corpuscles of the spleen and the kidney. (O. W. Holmes.)

A SCHOLAR'S LIBRARY.—Napoleon said that his mind was as if furnished with drawers—he drew out each as he wanted its contents, and closed it at will when done with them. The scholar's mind, to use a similar comparison, is furnished with shelves like his library. Each book knows its place in the brain as well as against the wall or in the alcove. His consciousness is doubled by the books which encircle him, as the trees that surround a lake repeat themselves in its unruffled waters. Men talk of the nerve that runs to the pocket, but one who loves his books and has lived long with them has a nervous filament which runs from his sensorium to every one of them. Or, if I may still let my fancy draw its pictures, a scholar's library is to him what a temple is to the worshiper who frequents it. There is the altar sacred to his holiest experiences. There is the font where his new-born thought was baptized and first had a name in his consciousness.

There is the monumental tablet of a dead belief, sacred still in the memory of what it was while yet alive. No visitor can read all this on the lettered backs of the books that have gathered around the scholar; but for him, from the Aldus on the lowest shelf to the Elzevir on the highest, every volume has a language which none but he can interpret. Be patient with the book-collector who loves his companions too well to let them go. Books are not buried with their owners, and the veriest book-miser that ever lived was probably doing far more for his successors than his more liberal neighbor who despised his learned or unlearned avarice. Let the fruit fall with the leaves still clinging round it. Who would have stripped Southey's walls of the books that filled them, when, his mind no longer capable of taking in their meaning, he would still pat and fondle them with the vague, loving sense of what they had once been to him—to him, the great scholar, now like a little child among his playthings? (*Ibid.*)

To whom it may concern.—There has been so much written of late on the value of injections of carbolic acid in the treatment of hydrocele, and all as if the matter was quite novel, we have reprinted among the original articles a short note contributed by a Kentucky physician in 1872, containing the report of a case of hydrocele successfully treated by this method as early as 1868.

We also reprint in the same department of the journal the report of three cases of membranous croup treated by pepsin, which, being originally published in 1874, will, we fancy, be new at least to some of those who are now for the first time extolling the powers of pepsin as a solvent of diphtheritic membrane.

The University of Louisville.—The lectures delivered by Dr. W. O. Roberts as adjunct to the chair of Surgery in this institution during the session which has just closed, proved so acceptable to the class that the chair of Surgical Pathology and Operative Surgery has been revived by the trustees and Dr. Roberts unanimously chosen to fill it.